

**GOVERNMENT OF RAJASTHAN  
FINANCE DEPARTMENT  
(RULES DIVISION)**

No. F. 6(2)FD(Rules)/2016 Part-II

Jaipur, dated : 14 JUL 2016

**ORDER**

**Sub: General Guidelines for prescription and ceiling reimbursable rates for artificial limbs & Callipers under Rajasthan Civil Services (Medical Attendance) Rules, 2013**

In exercise of the powers conferred under Rule 20 of the Rajasthan Civil Services (Medical Attendance) Rules, 2013 and as per the decision of the Health Benefit Empowered Committee (HBEC), the State Government hereby decides the general guidelines for the prescription and ceiling reimbursable rates for artificial limbs and callipers as follows:-

1. Keeping in view the various categories of appliances, the lists of artificial appliances have been categorized as per the following three Annexures and rates of artificial appliances will be as per the Annexure-I, II and III to this Order:

Annexure-I: This contains list, rates and specifications of various types of Prosthetics (i.e. artificial limbs) like prosthetics for lower extremity, prosthetics for upper extremity [Annexure-I has been divided into Annexure IA, IB, IC, ID and IE according to type].

Annexure-II: This contains list, rates and specifications pertaining to the orthotics (i.e. callipers & braces) including lower extremity, upper extremity and spinal orthotics. [Annexure-II has been divided into Annexure-IIA, IIB and IIC].

Annexure-III: This contains specifications and rates for items related to mobility aids.

2. The general guidelines for admissibility and reimbursement of expenses in respect of appliances mentioned in Annexures-I, II & III will be as under:
  - (i) Maintenance Cost will be borne by the beneficiary.
  - (ii) The appliances will be allowed for re-issue on completion of 5 years in case of adults and 2 years in the case of children.
  - (iii) High end prosthetics/appliances will be reimbursed only to the following category of Government Servants & their dependent family members subject to fulfilling of other criteria:-
    - (a) Government Servants & their dependent family members participating at the State level sports activities duly certified by the competent Sports Authority.

- (b) Upper Age limit for the sophisticated prosthetic appliances will be 45 Yrs.
- (c) Police personnel/ Re-employed Ex-Service man duly certified by their respective Medical Boards that the person has sustain injury while on field duty or undergone amputation because of injury sustained while performing such duty.
- (d) The reimbursement will be made within the ceiling limit fixed for such appliances beyond which the beneficiary will bear the cost.
- (iv) For admissibility of reimbursement the appliances need to be prescribed by a Professor / Senior Specialist or Specialist of equivalent rank working in any Government hospitals in the specialties of Physical Medicine and Rehabilitation (PMR) or Orthopaedic surgery. The prescription should be in generic name and not by proprietary name.
- (v) Prosthetic components and Orthotic joints used in appliances should have BIS/CE (European) Certification for the purposes of reimbursement and fabricated by firms having qualified Prosthetist / Orthotists.
- (vi) Keeping in view, the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general. However, in order to rationalize the rates for some of the items, specific age group has been mentioned against the individual items in Annexure-I and Annexure-II, based on the size of the appliances.
- (vii) The artificial appliances should be procured from any Government Undertaking /Authorised Alimco dealers, N.G.Os approved by Government of Rajasthan and private manufactures. It should be certified by the prescribing Government Orthopedic Surgeon / Government Rehabilitation Specialists (PMR) to the effect that the appliances are as per Specification and working satisfactorily.

By order of the Governor,



**(Naveen Mahajan)**  
Secretary, Finance (Budget)

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**(Kirti Jain)**

Joint Secretary to the Government

(RSR-18/2016)

**ANNEXURE- IA**

**LOWER EXTREMITY PROSTHETICS (ABOVE 12 YEARS)**

<b>S. No.</b>	<b>Name of Prosthesis</b>	<b>Approved Rate/ Price (in Rs.)</b>
1	<b>Transtibial prosthesis (Below Knee Prosthesis)</b> (Its components include- S.S. Pylon/tube, SACH FOOT, Foot Adaptor, Bonded Pylon/ Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket Charges, etc.)	16000
2	<b>Transtibial Prosthesis (Below Knee Prosthesis)</b> with silicone / PU liner	29600
2.a	<b>Transtibial Prosthesis (Below Knee Prosthesis)</b> with silicone / PU liner with shuttle lock mechanism	36400
3	<b>Symes Prosthesis</b> Its component includes - SYME's Foot, Foot Adaptor Sleeve Suspension, Socket Mounting Adaptor, Covering Socks, Socket Charges etc.	15440
4	<b>Partial Foot Prosthesis (Shoe with filler)</b>	5600
5	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> (Its Components include - S.S. Pylon/Tube, SACH FOOT, Foot Adaptor, Bonded Pylon/Pylon with 4 Screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, Covering Socks, Socket Fabrication & fitment charges)	32670
6	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with Suction Valve	32670+3040=35710
7	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner	48910
7.a	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner with shuttle lock mechanism	55710
8	<b>Knee Disarticulation Prosthesis</b> (Its components include- S.S. Pylon/ tube, SACH FOOT, Foot Adaptor, Bonded pylon/ Pylon with 4 screw Adaptor (400 mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	41550
9	<b>Hip Disarticulation Prosthesis</b> (Its components include- S.S. Pylon/ tube, SACH FOOT, Foot Adaptor, Bonded pylon/ Pylon with 4 screw Adaptor (400 mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	48240

**ANNEXURE- IB**

**LOWER EXTREMITY PROSTHETICS (CHILD UPTO THE AGE OF 12 YEARS)**

Sl. No.	Name of Prosthesis	Approved Rate/ Price (Child 7-12 years) (in Rs.)	Approved Rate/ Price (Child 0-6 years) (in Rs.)
1.	<b>Transtibial prosthesis (Below Knee Prosthesis)</b> (Its components include- S.S. Pylon/tube, SACH FOOT, Foot Adaptor, Bonded Pylon/ Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket Charges, etc.)	14510	3200
2	<b>Trans Tibial Prosthesis (Below Knee Prosthesis)</b> with silicone / PU liner	28110	Not Applicable
2.a	<b>Trans Tibial Prosthesis</b> with silicone / PU liner with shuttle lock mechanism	28110+6800=34910	Not Applicable
3	<b>Symes Prosthesis</b> Its component includes - SYME's Foot, Foot Adaptor Sleeve Suspension, Socket Mounting Adaptor, Covering Socks, Socket Charges.	15440	4000
4	<b>Partial Foot Prosthesis (Shoe with filler)</b>	3200	1200
5	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> (Its Components include - S.S. Pylon/Tube, SACH FOOT, Foot Adaptor, Bonded Pylon/Pylon with 4 Screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, Covering Socks, Socket Fabrication & fitment charges)	39980	9600
6	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with Suction Valve	39980+3040=43020	Not Applicable
7	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner	56220	Not Applicable
7.a	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner with shuttle lock mechanism	56220+6800=63020	Not Applicable
8	<b>Knee Disarticulation Prosthesis</b> (Its components include- S.S. Pylon/ tube, SACH FOOT, Foot Adaptor, Bonded pylon/ Pylon with 4 screw Adaptor (400 mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	39980	9600
9	<b>Hip Disarticulation Prosthesis</b> (Its components include- S.S. Pylon/ tube, SACH FOOT, Foot Adaptor, Bonded pylon/ Pylon with 4 screw Adaptor (400 mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	48240	12000

Note

1. Description of Trans Tibial Prosthesis may be considered as Below Knee Prosthesis.
2. Prescription of Trans Femoral Prosthesis may be considered as Above Knee Prosthesis.

**ANNEXURE- IC**

**HIGH END LOWER EXTREMITY PROSTHETICS**

Sl. No.	Name of Prosthesis	Approved Rate/ Price (Above 12 years of age) (in Rs.)	Approved Rate/ Price (Child 7-12 years) (in Rs.)	Approved Rate/ Price (Child 0-6 years) (in Rs.)
1	<b>Trans tibial prosthesis (Below Knee Prosthesis)</b> (Its components include- S.S. Pylon/tube, DYNAMIC RESPONSE FOOT, Foot Adaptor, Bonded Pylon/ Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket Charges, etc.)	21360	Not Applicable	Not Applicable
2	<b>Trans Tibial Prosthesis (Below Knee Prosthesis)</b> with silicone / PU liner	34960	Not Applicable	Not Applicable
3	<b>Trans Tibial Prosthesis (Below Knee Prosthesis)</b> with silicone / PU liner with shuttle lock mechanism	41760	Not Applicable	Not Applicable
4	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> (Its components include-S.S. Pylon/tube, DYNAMIC FOOT, Foot Adaptor, Bonded Pylon/ Pylon with 4 screw Adaptor (400 mm) Plycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, covering Socks, Socket fabrication & fitment charges)	38030	Not Applicable	Not Applicable
5	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with Suction Valve	38030+3040 = 41070	Not Applicable	Not Applicable
6	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner	51630	Not Applicable	Not Applicable
7	<b>Trans Femoral Prosthesis (Above Knee Prosthesis)</b> with silicon / PU liner with shuttle lock mechanism	51630+ 6800 =58430	Not Applicable	Not Applicable
8	<b>Knee Disarticulation Prosthesis</b> (Its components include-S.S. Pylon/tube, DYNAMIC FOOT, Foot Adaptor, Bonded Pylon/ Pylon with 4 screw Adaptor (400 mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, covering Socks, Socket fabrication & fitment charges)	46910	Not Applicable	Not Applicable
9	Partial Foot Prosthesis			
9.a	Shoe filler with carbon plate	7200	4000	2400
9.b	Great Toe Silicon Prosthesis	7200	4000	2400
9.c	Silicone Prosthesis For Second Toe to V <sup>th</sup> Toe	6000/ each	3200/ each	Not Applicable

**RECOMMENDED CRITERIA FOR HIGH END PROSTHESIS**

- Dynamic foot can be prescribed only for police personals / Re-employed Ex-Serviceman sustaining amputation in saddle and likely go back to active and strenuous work.

2. Dynamic foot can also be prescribed for young / children and dynamic athletes of University, cultural activities, State/ National or international level.
3. Shoe filler with carbon plate can be prescribed only for police personals / Re-employed Ex-Serviceman sustaining amputation in saddle and likely go back to active and strenuous work.
4. Shoe filler with carbon plate can also be prescribed for young / children and dynamic athletes of University, cultural activities, State/ National or international level.
5. In case of Bilateral Upper Limb amputation, Externally Powered Prosthesis/ Myoelectric Prosthesis may be prescribed for one side and body powered Prosthesis or Passive Prosthesis for the other side.



**ANNEXURE- ID****UPPER EXTREMITY PROSTHETICS**

<b>Sl. No.</b>	<b>Name of Prosthesis</b>	<b>Approved Rate/ Price (Above 12 years of age) (in Rs.)</b>	<b>Approved Rate/ Price (Child 7-12 years) (in Rs.)</b>	<b>Approved Rate/ Price (Child 0-6 years) (in Rs.)</b>
1	Trans Radial or Below Elbow / Wrist Disarticulation Passive Prosthesis	8000	4000	1600
2	Body Powered Prosthesis (Trans Radial or Below Elbow / Wrist Disarticulation) Its components includes trans radial kit and socket	13600	9600	Not Applicable
3	Trans Humeral or Above Elbow / Elbow Disarticulation Passive Prosthesis	16000	8000	4000
4	Body Powered Prosthesis (Trans Humeral or Above Elbow / Elbow Disarticulation)	22400	17600	Not Applicable
5	Shoulder Disarticulation Passive Prosthesis	24000	16000	8000
6	Shoulder Disarticulation body powered Prosthesis	29600	22400	Not Applicable



**ANNEXURE- IE**

**HIGH END UPPER EXTREMITY PROSTHETICS (ADULT)**

<b>Sl. No.</b>	<b>Name of Prosthesis</b>	<b>Approved Rate/ Price (Above 12 years of age) (in Rs.)</b>	<b>Approved Rate/ Price (Child 7-12 years) (in Rs.)</b>	<b>Approved Rate/ Price (Child 0-6 years) (in Rs.)</b>
1	<b>Externally Powered below Elbow or Trans radial / Wrist Disarticulation Prosthesis</b> (It includes :- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and socket, etc.)	103600	Not Applicable	Not Applicable
2	<b>Externally Powered Trans Humeral / Elbow Disarticulation Prosthesis</b> (It includes :- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit , Mechanical Elbow, Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and Sockets, etc.)	141200	Not Applicable	Not Applicable
3	Silicone Finger Prosthesis each	5600	4000	Not Applicable
4	Silicone Thumb Prosthesis	6400	4800	Not Applicable
5	Silicone Partial hand Prosthesis	28000	20000	8000

ANNEXURE- II				
SPINAL ORTHOTICS				
Sl. No.	Name of Prosthesis	Approved Rate/ Price (Above 12 years of age) (in Rs.)	Approved Rate/ Price (Child 7-12 years) (in Rs.)	Approved Rate/ Price (Child 0-6 years) (in Rs.)
1	Soft / Semi rigid Cervical Collar	160	160	Not Applicable
2	Philadelphia or Two post Cervical collar/ Head Cervical Orthosis (Moulded collar)	1200	1200	960
3	Soft L.S. corset/ Belt	560	400	Not Applicable
4	SOMI BRACE / Three Post Cervical Orthosis	1600	1600	Not Applicable
5	Four Post Cervical Orthosis	960	800	640
6	Rigid L.S.O / Chair Back Orthosis	960	800	Not Applicable
7	Rigid TLSO / Taylor's brace, Knight Taylor's brace, William's brace	1200	960	800
8	Hyperextension brace/ ASH/CASH/JEWETT BRACE	960	800	Not Applicable
9	CTLSO (MILWAUKEE BRACE)	4000	4000	Not Applicable
10	Head Cervical Thoraco Orthosis (HCTO)	1200	1200	960
11	TLSO BI- Valve/ Body Jacket	2400	2400	2000
12	UNDER ARM BRACE (Boston Brace /Miami Brace/ Wilmington Brace/NYOH Brace)	2800	2800	Not Applicable
13	HALO BRACE	12000	Not Applicable	Not Applicable

Abbreviations:

1. L.S.O.- Lumbo Sacral Orthosis
2. ASH- Anterior Spinal Hyperextension Brace
3. CASH- Cruciform Anterior Spinal Hyperextension
4. TLSO- Thoraco Lumbo Sacral Orthosis
5. CTLSO - Cervical Thoraco Lumbo Sacral Orthosis

**ANNEXURE- IIB**

**LOWER EXTREMITY ORTHOTICS**

Sl. No.	Name of Prosthesis	Approved Rate/ Price (Above 12 years of age) (in Rs.)	Approved Rate/ Price (Child 7-12 years) (in Rs.)	Approved Rate/ Price (Child 0-6 years) (in Rs.)
1	Soft Heel Pad/ M.T. Pad with Insole (One Piece)	160	160	Not Applicable
2	Arch Support (Unilateral)	240	160	160
3	Silicone / PU arch support (One Piece)	280	200	Not Applicable
4	Medial / Lateral Wedge	80	80	80
5	Soft Insole cross link polymer (one piece)	80	80	Not Applicable
6	Soft Insole (Plastozote) One Piece	240	160	Not Applicable
7	Silicone /PU Insole (One Piece)	400	Not Applicable	Not Applicable
8	Silicone Heel Cushion (One Piece)	240	Not Applicable	Not Applicable
9	Molded / customized Insole (One Piece)	480	400	320
10	Silicone Toe Separator (One Piece)	160	80	Not Applicable
11	UCBL (Unilateral)	640	480	400
12	SMO without shoes (One Piece)	960	800	640
13	Flat Feet/ CTEV Shoes Pair (Leather)	960	640	560
14	Molded Shoe (Leather)- one side normal & one side affected	1760	1280	Not Applicable
15	Molded Shoe (Leather)- both side affected	2400	1600	Not Applicable
16	Shoe Raise	40	40	Not Applicable
17	Open toe shoes for paraplegic one pair	1200	Not Applicable	Not Applicable
18	D.B. Splint with / without shoe	Not Applicable	Not Applicable	640
19	AFO Conventional (One Side)	2000	1600	1200
20	AFO Conventional (Bilateral)	2800	2160	1600
21	Polypropylene/Customized A.F.O without shoes	960	800	640
22	FRO (Floor Reaction Orthosis)	1440	Not Applicable	Not Applicable
23	Pneumatic Walker	2800	Not Applicable	Not Applicable
24	Knee Orthosis Polypropylene (Valgum/Varus, immobilizer etc.)	1200	960	720

25	P.T.B Brace without shoes	1440	1200	960
26	Knee Sleeve without hinge	400	400	Not Applicable
27	Knee Sleeve with hinge	640	640	Not Applicable
28	Off loader Knee Orthosis	13600	Not Applicable	Not Applicable
29	KAFO conventional with shoe (one side)	3200	2560	1600
30	Bilateral KAFO conventional with shoe	4400	3600	3200
31	KAFO Custom molded without shoe (one side)	3200	2560	1600
32	Femoral Fracture Brace Non Weight relieving	1200	800	640
33	Femoral Fracture Brace Weight relieving	3200	2560	1600
34	HKAFO Conventional with shoes (One side)	4000	3200	2400
35	Bilateral HKAFO conventional with shoes	5200	4400	3600
36	HKAFO Polypropylene custom moulded without shoes (One side)	4000	3200	2400
37	Trilateral Orthosis	3200	2560	1600
38	HIP Abduction Orthosis (Conventional)	Not Applicable	800	800
39	Pavlik Harness for CDH	Not Applicable	Not Applicable	2000
40	Hip Bracing (Immobilizer)	1600	1200	Not Applicable
41	SWASH Brace	Not Applicable	14400	14400
42	Reciprocating Gait Orthosis	25600	Not Applicable	Not Applicable

## ANNEXURE- IIC

## UPPER EXTREMITY ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/ Price (Above 12 years of age) (in Rs.)	Approved Rate/ Price (Child 7-12 years) (in Rs.)	Approved Rate/ Price (Child 0-6 years) (in Rs.)
1	Finger orthosis static (One Piece)	120	80	80
2	Finger orthosis dynamic (One Piece)	160	80	80
3	Hand Orthosis	320	240	240
4	Thumb Spica / Stabilizer	240	160	160
5	Knuckle bender	400	280	
6	Wrist Hand Orthosis (Static) P.P.	560	400	320
7	Wrist Hand Orthosis (dynamic)	800	560	400
8	Elastic Wrist Hand Orthosis	320	240	160
9	Tennis Elbow support	160	160	Not Applicable
10	Adjustable arm sling	240	240	Not Applicable
11	Elbow orthosis (static)	720	560	400
12	Elbow orthosis (Dynamic)	800	640	480
13	Fracture Brace (Below Elbow)	960	640	560
14	Shoulder brace (Immobilizer)	800	640	560
15	Gun slinger shoulder orthosis	800	Not Applicable	Not Applicable
16	Humeral fracture brace without elbow hinge and forearm support	960	640	640
17	Humeral fracture brace with elbow hinge and forearm support	1280	960	800
18	Shoulder Elbow Wrist Hand Orthosis (Air Plane Splint)	1760	1280	1120

**ANNEXURE- III****Mobility Aids**

<b>Sl. No.</b>	<b>Name of Orthosis</b>	<b>Approved Rate/ Price (Above 12 years of age) (in Rs.)</b>	<b>Approved Rate/ Price (Child 7-12 years) (in Rs.)</b>	<b>Approved Rate/ Price (Child 0-6 years) (in Rs.)</b>
1	Walking Stick (Adjustable) Aluminium	280	280	Not Applicable
2	Tripod/Quadripod walking stick Aluminium	600	Not Applicable	Not Applicable
3	Auxilliary Crutch / Elbow Crutch (Aluminium) Adjustable	680	520	Not Applicable
4	Walker/ Rollator (Aluminium)	1200	960	720
5	C.P. Chair/ C.P. Stand	Not Applicable	5840	5600
6	Commode Chair	2000	2000	Not Applicable
7	Wheel Chair Folding (Chrome Plated)	5600	3200	Not Applicable