

F. No. 5-16/CGHS(HQ)/HEC/2024(PartI)/I/3809236/2025  
(Comp No. 8365027)

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
केंद्रीय सरकार स्वास्थ्य योजना महानिदेशालय

कें. स. स्वा.यो. भवन, दिल्ली  
दिनांक -12-10-2025

**कार्यालय ज्ञापन/OFFICE MEMORANDUM**

**Subject:** Transition to *Revised CGHS Rates 2025* and *Transaction Management System (TMS) 2.0* — Instructions for Implementation

**References:**

1. O.M. F. No. Misc.2011/103/NHAISSUE/2023/I/3794030/2025 dated 19.08.2025 regarding designation of administrative roles on the NHA User-Management Portal (UMP) and on-boarding of Health Care Organizations (HCOs) into TMS 2.0.
2. O.M. F.No. 5-16/CGHS(HQ)/HEC/2024(Part I) dated 03.10.2025 notifying the *Revised CGHS Rates 2025* ("Revised Rates").

At the outset, all the healthcare organisations are directed that no CGHS beneficiary shall be returned to CGHS, only for the purpose of generating a new referral. Now, in reference to and continuation of the above-mentioned instructions, and to bring clarity on the mechanism of implementation of new rates, the following instructions are being issued:

1. **Effective Date** - The revised rates shall be effective from 00:00 hrs. (midnight) on 13.10.2025.
2. **Applicability:** These instructions apply to treatment undertaken at any CGHS-empanelled healthcare organisations (Hospitals, Dental Clinics, Diagnostic and Imaging Centres etc.) in all CGHS cities.
3. **Key Definitions**
  - a. "Revised Rates" – CGHS Rates notified on 03.10.2025 to be effective from 13.10.2025.
  - b. "Old Rates" – CGHS Rates applicable before 23:59 hrs of 12.10.2025.
  - c. "Legacy Case" - Any case registered in TMS 1.0 before 13.10.2025.
  - d. "Transitional Case" - A case spanning both periods (e.g., admitted before 13.10.2025 but discharged on/after 13.10.2025).
  - e. "Old Software Platform/TMS 1.0" – the Software called Transaction Management System accessible at (<https://tms.nha.gov.in/CGHS/loginnew.htm>)
  - f. "New Software Platform/TMS 2.0)" – the software called Transaction Management System 2.0 accessible at (<http://provider.nha.gov.in/>).
4. **Core Directions for handling of billing on Bill Clearing Agency Software:**
  - a. Revised Rates apply from 00:00 hrs. on 13.10.2025.
  - b. All new registrations of patients from 00:00 hrs on 13.10.2025 onward shall be done only in "TMS 2.0".
  - c. No fresh case or pre-authorization registrations shall be created in "TMS 1.0" after 00:00 hrs on 13.10.2025.

- d. Surgical packages (including radiotherapy) booked before 13.10.2025 on TMS 1.0 shall continue and shall be billed at Old Rates until the package is completed.
- 5. **Registration & Billing on Bill Clearing Agency Software (TMS):**
  - a. In Patient Treatment (**IPD cases**):
    - i. **New cases** (on or after 00:00 hours on 13.10.2025): to be registered only on “TMS 2.0” and to be billed at Revised Rates.
    - ii. **Ongoing medical management** (started before 13.10.2025) shall continue the same case as in TMS 1.0. Services rendered on or after 00:00 hours of 13.10.2025 shall be charged at Revised Rates within that legacy case as per system provision.
    - iii. **Surgical/Radiotherapy packages** booked before 13.10.2025 shall continue under TMS 1.0 at Old Rates until completion.
  - b. Outpatient Treatment (**OPD cases**):
    - i. Services rendered up to 23:59 hours on 12.10.2025 shall be claimed in TMS 1.0 at Old Rates.
    - ii. Follow-up treatment on/after 13.10.2025 shall be registered and claimed in TMS 2.0 and billed at Revised Rates.
  - c. **High-frequency therapies** (Dialysis, Chemotherapy, etc.):
    - i. Sessions before 13.10.2025 to be claimed in TMS 1.0 at Old Rates.
    - ii. Sessions on or after 13.10.2025 shall be registered in TMS 2.0 at Revised Rates.
  - d. **Referrals & Manual Uploads:** (“No beneficiary to be sent back”)
    - i. **Valid referrals** (generated on or up to 3 months before 12.10.2025):  
For memos generated on or before 12.10.2025 shall continue to remain valid, the Healthcare organization (HCO) shall register and submit the claim in TMS 2.0 (via manual path), upload a copy of the same referral memo, and select the newly notified code(s) from the Revised Rates.
    - ii. **Codes removed/renamed in Revised Rates:** If a code/package was removed or renamed in the Revised Rates, the HCO shall not send the beneficiary back to the WC. The HCO shall select the appropriate substitute code/package in TMS 2.0 (manual path), record a short note referencing the original memo, clinical indication, and obtain online approval from AD City where required.
    - iii. **Documentation & Audit Trail:** The HCO shall upload the original referral/memo (PDF or e-referral print) and maintain an e-note in TMS 2.0 linking the original memo to the booked revised code(s).

Refusing, delaying, or deferring service on the grounds of “fresh referral memo required” during the transition period will be treated as a denial of service and attract penalties under Section 7 of the MoA.

- 6. **HCO Preparedness before 13.10.2025:** Every HCO shall ensure the following readiness steps:
  - a. Activation of Billing clerks/MEDCO IDs and mapping of user roles on the NHA’s UMP portal.
  - b. Functionally testing of TMS 2.0 login credentials for all relevant users.
  - c. Internal billing systems to be updated as per Revised Rates and MoA

2025 definitions.

- d. Complete all pending TMS 1.0 claims and be ready to start fresh records in TMS 2.0 at 00:00 hours on 13.10.2025.

*Explanation: All cases/services provided to CGHS beneficiaries up to and including 12 October 2025 must be registered in TMS 1.0 by 23:59 hrs. IST on 12 October 2025.*

7. **Compliance & Penalties:** Any intentional delay, refusal, or denial of CGHS beneficiary services during this transition will invite:
  - a. De-empanelment for a minimum of two years,
  - b. Blacklisting proceedings, and/or
  - c. Other additional penalties as per Clause 14.6 of MoA 2025.
8. For **technical queries**, related to TMS 2.0 the HCOs are requested to contact the Helpdesk at 14588 (Toll-free); for queries related to HEM portal, the HCO may connect with the helpdesk at 14413 (Toll-free); alternatively the HCO may raise a ticket on the portal: support.pmjay.gov.in
9. **Escalation Matrix** related to the **non-technical queries** shall be as follows:
  - a. Level 1: Additional Director of the City.
  - b. Level 2: Email to:
    - i. Dr. Ravindra Asangi, Sr. CMO — drravindra.cgshs-ka@gov.in
    - ii. Dr. Jagadeesan K., CMO (NFSG) — jagadeesan@cgshs.nic.in

This issues with the approval of the Competent Authority.

(Dr. Satheesh Y.H.)  
Director (CGHS)

To

1. Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
  2. All CGHS Wellness Centres through concerned AD, CGHS
  3. MCTC, CGHS with the directions to upload the document on CGHS Website (www.cgshs.mohfw.gov.in).
  4. All HCOs empanelled under CGHS through CGHS website.
  5. Director, AIIMS as per list; JIPMER, Puducherry; PGIMER, Chandigarh;
  6. ED, CDAC Noida with the request to configure the software system for new rates
  7. LACs/ ZACs through Addl. Directors, CGHS.
- Copy of Information to:

1. PPS to Secretary (H&FW), MoHFW
2. PPS to AS & DG CGHS
3. PPS to JS (MoHFW), CGHS

(Dr. Satheesh Y.H.)  
Director (CGHS)

## Annexure - I

## (Illustrative Scenarios)

i. **New case on/after 13.10.2025** (Reference: Section 5(a)(i) above)

**Scenario:** Mr. M arrives on 13.10.2025 at 09:30 for a new OPD consultation.

**Action:** Register in TMS 2.0; use Revised Rates.

ii. **Ongoing Medical Management** (started before 13.10.2025)

- a. **Scenario 1:** Ms. F admitted on 12.10.2025 (10:00hrs.); treated on 13.10.2025 to 14.10.2025.

**Action:** Continue the legacy case file (CASE ID) in TMS 1.0, apply Revised Rates for services rendered on/after 13.10.2025, and upload the entire file in TMS 1.0 only.

*In Simple terms, HCO to Charge Old Rates for services up to 12.10.2025, then switch to Revised Rates from 13.10.2025 in the final bill.*

- b. **Scenario 2:** Admissions after 12.10.2025, 18:00 hrs. (6 PM) can be registered in TMS 2.0. Advised to charge old rates from 12.10.2025, 18:00 hrs. to 13.10.2025, 00:00 hrs. and revised rates from 13.10.2025, 00:00 hrs.

ii. **Surgical/Radiotherapy package booked before 13.10.2025**

- a. **Scenario 1:** Planned Surgery "A" package booked in TMS 1.0 on 10.10.2025; surgery package days continue beyond 13.10.2025.

*Action: Complete the package in TMS 1.0 at Old Rates.*

- b. **Scenario 2:** Any additional Surgery "B" package added on /after 13/10/2025 as enhancement during the Package days of the initial surgery "A"

*Action: to be billed at revised rates and upload on TMS 1.0 as per new MOA/Rate Revision Notification*

iv. **OPD registered on/before 12.10.2025 with follow-up on or after 13.10.2025**

- a. **Scenario:** OPD on 12.10.2025 with follow-up on 15.10.2025.

*Action: 12.10.2025 → TMS 1.0, Old Rates; 15.10.2025 → new registration in TMS 2.0, Revised Rates.*

v. **High-frequency therapies (dialysis/chemotherapy, etc.)**

- a. **Scenario:** Dialysis sessions both before and after 13.10.2025.

*Action: Before 13.10.2025 → TMS 1.0, Old Rates; on/after*

13.10.2025 → TMS 2.0, Revised Rates.

vi. **Referrals & Manual Uploads**

- a. **Scenario 1 (Code renamed):** Old memo dated 11.10.2025 for (Code X)”; in 2025 list it is (Code Y)”.

*Action: Use TMS 2.0 manual booking, upload the same memo, select Code Y, add note “X→Y”.*

- b. **Scenario 2 (Code removed; substitute available):** Memo dated 10.10.2025 for” Z” (removed in 2025 list).

*Action: Select approved substitute in TMS 2.0, add note referencing old memo obtained from wellness centre.*

- c. **Scenario 3 (Multiple new codes from one memo):** Memo 12.10.2025 for “K+L”; in the 2025 list, items are re-coded.

*Action: Map the same memo to both new codes via TMS 2.0 manual booking and link the entries.*

- vii. **Medical Management followed by Surgical Management:** If both medical and surgical management occur before 12.10.2025 or if medical management occurs before 13.10.2025 and surgery is on/after 13.10.2025, shall be as per illustration (ii) and (iii) above accordingly.
- viii. **Surgical Management followed by Medical Management:** If the subsequent medical management is not related to complications arising from the surgery, bill the surgical component as per illustration (iii) and the medical component as per illustration (ii).

All bills submitted during the transition must clearly segregate charges under Old Rates and Revised Rates, wherever applicable.

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