



CGHS CIRCULARS 2011-2020



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*IMPORTANT CIRCULARS ISSUED BY CGHS
FROM
01/01/2011
TO
31/12/2020*



FOREWORD

CGHS issues many circulars from time to time. We get them from various sources, read and keep the abstract in mind . We in the association get lot of queries from members . Often we know the answer but do not have written proof to support. We try to search the same but we are not able to trace it or we have to spend lot of time to trace it. TO overcome this problem I thought of consolidating all such circulars in the form of e-book for the benefit of association members . Here I have tried to compile all the IMPORTANT RELEVANT CIRCULARS FROM 1/1/2011 TO 31/12/2020 which I could collect from various sources and websites. I thank on this occasion to Shri Gyanendra Singh and Shri Suresh Dorle for helping in edition of this book. My earlier book CGHS CIRCULAR 2020 received good response . I hope this book will also be useful to members.

Regards,
Chandra Kant Bapat
National Co-ordinator
CBWAI

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**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi 110 108**

No: Z. 15025/5/2011-CGHS III/CGHS (P)

Dated, the 22nd November, 2011

OFFICE MEMORANDUM

Subject: Guidelines/ Criteria for *reimbursement* of expenses for In-Vitro Fertilisation (IVF) treatment to CGHS beneficiaries and beneficiaries under Central Services (Medical Attendance) Rules, 1944.

The undersigned is directed to say that the Ministry of Health & Family Welfare has been receiving requests for providing clarifications as to whether the expenditure incurred on In-Vitro Fertilisation ((IVF) treatment is admissible under CGHS, and if so, whether any guidelines have been laid down for *reimbursement* of the expenses incurred on IVF treatment.

2. The matter has been examined by a Technical Committee of the Heads of Department of Gynecology & Obstetrics of Government Medical institutions and, based on the recommendations of the Committee, the following guidelines are laid down for considering cases for *reimbursement* of expenses incurred on IVF treatment by CGHS beneficiaries and beneficiaries under Central Services (Medical Attendance) Rules, 1944:-

- (i) Requests for IVF treatment will be considered only on the basis of advice tendered by the Head of Department of Gynecology & Obstetrics of a Government medical institution;
- (ii) Permission for IVF treatment to be undertaken may be given by the Head of Department in the Ministries/ Departments on the recommendations of the Head of Department of Gynecology & Obstetrics of a Government medical institution;
- (iii) IVF procedure will be allowed in a Government Medical institution on the recommendations of the Head of Department of Gynecology & Obstetrics of a Government medical institution;
- (iv) IVF procedure may be allowed, on a case to case basis, in a private medical institution if the institution is registered with the State/ Central Government and has the necessary facilities including equipment and trained man power for carrying out the procedure. It is, however, mandatory to obtain the recommendations of the Head of Department of Gynecology & Obstetrics of a Government medical institution for permitting the procedure to be undertaken in a private institution;
- (v) There should be clear evidence of failure of conventional treatment before permitting IVF treatment procedure;

(vi) The age of women undergoing IVF treatment procedure should be between 21 and 39 years;

(vii) The woman has to be married and living with her husband;

(viii) The IVF treatment procedure will be allowed only in cases of infertility where the couple has no living issue;

(ix) *Reimbursement* of expenditure incurred on IVF procedure will be allowed upto a maximum of 3 (three) fresh cycles;

(x) An amount not exceeding Rs.65,000/- (Rupees sixty five thousand only) per cycle or the actual cost, whichever is lower, will be allowed for reimbursement. This amount will be inclusive of the cost of drugs and disposables and monitoring cost during IVF procedures;

(xi) As IVF treatment is a planned procedure, *reimbursement* cases can be considered by the Ministries/ Departments only if prior approval was obtained by the beneficiary for undergoing the IVF treatment;

(xii) There will be a onetime permission for availing IVF treatment consisting of three cycles in total, which would be admissible to the beneficiary. The concerned Ministry/ Department shall obtain an undertaking from the applicant that he/ she has not claimed the *reimbursement* earlier from the Government of India in the past and will not claim it in the future.

3. These guidelines come into force from the date of issue of the Office Memorandum and *reimbursement* cases of IVF treatment undertaken after the issue of the Office Memorandum only can be considered by the Ministries/ Departments.

4. This issues with the concurrence of Integrated Finance Division in the Ministry of Health & Family Welfare, vide Dy. No.C.1747/IFD (Health)/2011 dated the 21st November, October, 2011

Sd/-
[V.P. Singh]
Deputy Secretary to the Government of India

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi 110 108

No: S.11001112312009-CGHS D.11/Hospital Cell (Part IX)

Dated, the 20th December, 2011

CIRCULAR

Subject: Guidelines regarding referral letters and settlement of bills of Empanelled Hospitals/ Diagnostic Laboratories/ Imaging Centers through UTI-ITSL.

With reference to the above mentioned subject the undersigned is directed to state that in response to several queries received by Ministry seeking clarifications regarding settlement of hospital bills through UTI-ITSL, it has been decided to issue the following guidelines for the Empanelled Hospitals/ Diagnostic Laboratories/ Imaging Centers, CGHS and UTI-ITSL:

2(A) INSTRUCTIONS TO EMPANELLED HOSPITALS/ DIAGNOSTIC LABORATORIES/ IMAGING CENTRES

1. The empanelled Hospitals/ Diagnostic Labs/ Imaging Centers will honour permission letters (Referral letters) duly signed and stamped with proper issue number. Wherever the permission letters have been issued through computers, any manual corrections should be duly countersigned and stamped.
2. The Hospital shall not undertake treatment of referred cases in specialties for which it is not empanelled. But it shall provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to CGHS authorities. However in such cases the Hospital shall charge as per the CGHS rates only for the treatment provided.
3. The Hospitals/ Diagnostic Labs/ Imaging Centers should provide treatment only for the procedures/ *investigations* for which they are empanelled. If any inadvertent permission letter has been issued for other procedures for which they are not empanelled, the Hospital/ Diagnostic Lab/ Imaging Centre will inform the beneficiary accordingly and refer him/ her back to the dispensary, except in emergency condition.

4. In case of procedures like Chemotherapy/ Radiotherapy/ Dialysis and follow-up treatment procedures where the permission is valid for 3-6 months and a copy of the permission letter is enclosed with the hospital bill for the second and subsequent admissions, hospitals will indicate the ID No. of the Claim wherein original permission letter had been enclosed.

5. CGHS Cards/ *Plastic cards* are valid in all CGHS cities, irrespective of the city where the CGHS Card is registered. In case any verification regarding the photocopies of Plastic Card/ CGHS Card is required the details of the individual may be ascertained by accessing the data online at <http://cghs.nic.in/welcome.jsp> by entering relevant details. A print out of the same may be enclosed. The beneficiary will not be asked to submit a colour photo copy of CGHS/ Plastic Card.

6.1 In case of implants and coronary stents the bills must be accompanied by a copy of the relevant invoices pertaining to the procurement of the stents/ implants by the hospitals. In addition to this, the outer pouch of the Stent packet along with the sticker on it on which details of the stent are printed shall also be enclosed with the medical bill for claiming reimbursement. In case of *medicines*, a consolidated list with relevant batch numbers and cost must be enclosed.

6.2 The empanelled hospital shall also submit a self-certified undertaking that the hospital has not charged the CGHS/ CS (MA) beneficiary more than the rate at which stent/ implant/ medicine has been procured by the hospital and in case of any detection and establishment that the hospital has overcharged, the hospital shall be removed from the list of hospitals empanelled under CGHS without any further notice.

7. In case of serving employees admitted under emergency, the hospitals shall ensure that the details pertaining to the office where the patient is employed are entered in records.

8. In case of indoor treatment, routine *investigations* are included in the package.

However, if any special *investigations* are performed, reports of such special *investigations* should be enclosed and *reimbursement* shall be considered on merits of each case.

9. ICU – package includes – accommodation charges in ICU, Monitoring and ECG. Other *investigations* cost of *medicines* and disposables and ‘2’ consultations charges per day are reimbursable as per applicable norms in addition to the package

rate of ICU. Cost of ventilator and oxygen, if any, are reimbursable as per applicable norms. In selected cases, where opinion of other specialists is necessary, only one consultation by a specialist per day may be considered necessary. Reports of *Investigations* should be enclosed along with the opinion of the other specialist.

10. In case of emergency treatment wherein a CGHS beneficiary has been admitted for more than 10 days, detailed summary of reports of all the *investigations* shall be enclosed.

11. In case of GAG/ Angioplasty/ CABG, the bills should be accompanied by the findings of Coronary angiography test of the beneficiary.

12. In case of pensioner CGHS beneficiaries on a visit to another city and treatments taken under medical emergency or with prior permissions, hospitals/ diagnostic centers will send hospital bill through UTI- ITSL to CGHS of City, where the hospital/ diagnostic center is located, irrespective of the CGHS city, where the card is registered.

13. The rates and guidelines for Exclusive cancer hospitals are applicable only for Exclusive Cancer hospitals/ units approved under Exclusive Cancer hospitals.

2(B). INSTRUCTIONS TO UTI-ITSL

1. UTI-ITSL shall have to thoroughly scrutinize the physical bills submitted by hospitals before they are accepted. This is to ensure that the hospitals receive provisional payments within 10 days of submission of the physical bills.

2. UTI-ITSL shall seek clarifications, if any, within a maximum of '3' days of receipt of the physical bill- all clarifications in one go.

3. UTI-ITSL shall submit physical bills to CGHS in small bundles and ensure that they are acknowledged by CGHS.

4. UTI-ITSL and CGHS shall ensure that reconciliation of the payment of bills with Pay & Accounts Officer is undertaken regularly.

5. UTI-ITSL shall inform the details of deductions made including TDS.

6. UTI-ITSL shall ensure that recoveries, if any, are made from subsequent bills of hospitals.

2(C). INSTRUCTIONS TO ADs/ JDs/ CMOs I/C

1. Permissions shall be issued only for eligible persons and against approved hospitals and diagnostic centers. It is the responsibility of the CMO I/c to ensure that permissions are issued only for approved centers and listed procedures.
 2. Permission letter should be specific for the treatment/ *investigation* to be undertaken.
 3. In case of Chemotherapy/ Radiotherapy and Haemodialysis, the permission letters shall clearly mention the number of cycles of Chemotherapy/ Radiotherapy planned and how many dialyses are to be undertaken in a week.
 4. CMOs I/c shall ensure that permission letters are issued on the same day, if a beneficiary applies for the same before 11 AM.
 5. Addl. Directors/ Joint Directors shall not return the bills in original (RIO) to UTI-ITSL without specifying valid reasons or indicating the deficiencies or the amount to be adjusted in subsequent bills.
 6. ADs/ JDs shall indicate to UTI-ITSL, the details of deductions made in claimed amount – bill wise – online through an excel sheet.
 7. ADs/ JDs shall hold review meetings with representatives of UTI-ITSL and hospitals and diagnostic centers on a regular basis.
3. These instructions will be applicable from 26/12/2011.
4. Old settled cases shall not be reopened.
5. These instructions shall supersede the earlier decisions taken during the meeting held on 5th, 6th and 7th of September 2011 in the office of Addl. Director, CGHS (HQ), New Delhi.

UTI-ITSL, ADs including AD (HQ) /JDs of CGHS/ Empanelled Hospitals/ Diagnostic Laboratories/ Imaging Centers shall comply with these instructions & guidelines.

Sd/-
(V.P. Singh)
Deputy Secretary to Government of India

MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF CGHS
No: F.No. 1-32/2012-13/CGHS/MSD/IMP

Dated the 24th July, 2012

OFFICE MEMORANDUM

Sub: Distribution of Life Saving *Medicines*/Anti-Cancer *Medicines* to CGHS beneficiaries in NCR towns at Wellness Center level.

The undersigned is directed to refer to the subject mentioned above and to state that the Ministry has been receiving requests from CGHS beneficiaries residing in the NCR towns of NOIDA, Ghaziabad, Gurgaon and Faridabad, for providing the delivery of life saving *medicines*/ anti-cancer *medicines* at the CGHS Wellness Centre level as against the present system in which these are provided at the Medical Store Depot (MSD), Gole Market, New Delhi. In view of the hardships faced by the CGHS beneficiaries in collecting the above *medicines*, it has been considered sympathetically by the Ministry and it has now been decided to arrange delivery of the lifesaving drugs and anti-cancer drugs to the CGHS beneficiaries in the above cities at the CGHS Wellness Centre level.

The lifesaving *medicines* and anti-cancer *medicines* will be delivered at the Wellness Centre by the supplier between 11AM to 1 PM on third day of placing the indent. The beneficiaries can collect their indented *medicines* from the Wellness Centre accordingly. In case of emergency they can also collect *medicines* from Medical Store Depot (MSD), Gole Market, New Delhi itself on the next working day after due confirmation from the Medical Store Depot(MSD).

Sd/-

(V.P .Singh)

Deputy Secretary to the Government of India

**GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME
CGHS MEDICAL STORE DEPOT
SEC. 11, UDYAN MARG, DIZ AREA, GOLE MARKET
NEW DELHI – 110001**

F.No. 1-92/11-12/CGHS/IMP/7013-30

Date: 03-09-2012

OFFICE MEMORANDUM

Subject: Issue of Inj. CABAZITAXEL for CGHS BENEFICIARIES.

The undersigned is directed to refer to the subject mentioned above and to state that Inj. CABAZITAXEL is being issued to CGHS beneficiaries for treatment of Carcinoma Prostate through Medical Store Depot, Gole Market, New Delhi.

Now the matter has been examined by committee of experts and it is decided that Inj. Cabazitaxel can be issued to CGHS beneficiaries suffering from Carcinoma Prostate as a second line therapy only in "Docetaxel Resistant cases". It can be prescribed by Medical Oncologist, Urologist and Radiotherapist only.

Sd/-

(Dr. B.P. Arneja)

Addl. Director

No. 2-1 /2012/CGHS/VC/CGHS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 1st October, 2012.

OFFICE MEMORANDUM

Subject: Clarification regarding admissible/ non-admissible items under CGHS.

The undersigned is directed to refer to the directions given by Hon'ble High Court of Delhi in the case of Sh. Kanhiya Singh Vs. UOI and others [W.P.(C) 9044/2011] regarding admissibility and non-admissibility of certain items under CGHS. The following clarifications are issued:-

2. "CGHS Package Rate" means and includes lump sum cost of inpatient treatment/ day care/ diagnostic procedures for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) -

- i. Registration charges,
- ii. Admission charges,
- iii. Accommodation charges including patients diet,
- iv. Operation charges,
- v. Injection charges,
- vi. Dressing charges,
- vii. Doctor/consultant visit charges,
- viii. ICU/ ICCU charges,
- ix. Monitoring charges,
- x. Transfusion charges,
- xi. Anesthesia charges,
- xii. Operation theatre charges,
- xiii. Procedural charges/ surgeon's fee,
- xiv. Cost of surgical disposables and all sundries used during hospitalization,
- xv. Cost of *medicines*,
- xvi. Related routine and essential investigations,
- xvii. Physiotherapy charges etc.
- xviii. Nursing care and charges for its services.

3. Cost of Implants/ stents/ grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants/ stents/ grafts or as per actual, in case there is no CGHS prescribed ceiling rate
4. During In-patient treatment of the CGHS beneficiary, the hospital will not ask the beneficiary or his/ her attendant to purchase separately the *medicines/* sundries/ equipments or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS, which includes the cost of all the items.
5. In cases of conservative treatment, where there is no CGHS package rate, the above mentioned items are admissible – item wise at CGHS rates or as per AIIMS rates (if there is no CGHS rate) or as per actual (if there is no CGHS/ AIIMS rate) for any item.
6. Package rates envisage up to a maximum duration of indoor treatment as follows:
12 days for Specialized (Super Specialties) treatment;
7 days for other Major Surgeries;
3 days for Laparoscopic surgeries/ normal deliveries; and
1 day for day care/ Minor (OPD) surgeries.
7. However, if the beneficiary is required to stay in the hospital for his/ her recovery for a period more than the period covered in the prescribed package rate, in exceptional cases, supported by relevant medical records and certified as such by the hospital, the additional *reimbursement* shall be limited to accommodation charges as per entitlement, *investigations* charges at approved rates, and doctors visit charges (not more than 2 visits per day per visit by specialists/ consultants) and cost of *medicines* for additional stay).
- No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper proceed.
8. The above list is however not exhaustive. Some patients may require additional facilities/ procedures, which are admissible depending upon the medical requirements as advised by the treating doctors/ specialists with proper justification. Therefore, it is not possible to indicate a comprehensive list of items, which are not admissible. However, the following items are not admissible for the purpose of *reimbursement* under CGHS:

Telephone charges
Toiletries
Sanitary napkins
Talcum powder
Mouth fresheners

Sd/-
[V.P. Singh]
Deputy Secretary to the Government of India

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 1st January, 2013.

OFFICE MEMORANDUM

Sub: Regarding *investigations* at private hospitals/ diagnostic laboratories/ Imaging Centres empanelled under CGHS.

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for undergoing *investigations* at private hospitals/ diagnostic laboratories/ imaging centers empanelled under CGHS. The matter has been examined and with a view to alleviate the inconvenience to CGHS beneficiaries in obtaining requisite permission for undergoing *investigations* at CGHS empanelled private hospitals/ diagnostic laboratories/ imaging centers, it has now been decided that CGHS beneficiaries shall herein after be allowed to undergo *investigations* at private hospitals/ diagnostic laboratories/ imaging centers empanelled under CGHS after specific *investigations* have been advised by a CGHS Medical Officer or a Government Specialist without requirement of any other referral (permission) letter.

2. Private empanelled hospitals/ diagnostic laboratories/ imaging centers shall perform the *investigations*/ diagnostic tests on cashless basis in respect of pensioners, ex-MPs, freedom fighters and other eligible categories of CGHS beneficiaries, who are presently eligible for credit facility and shall enclose the prescription issued by a CGHS Medical Officer or a Government Specialist in original along with the hospital bill submitted to competent authorities.
3. Serving government employees shall enclose the prescription issued by a CGHS Medical Officer or a Government Specialist in original while submitting the medical claim to the concerned Ministry/ department/ office for reimbursement.
4. CGHS Medical Officer/ Government Specialist shall not refer the beneficiaries to any particular diagnostic laboratory or imaging center by name but, shall specify the *investigation* and mention referred to CGHS empanelled center.
5. These orders are applicable only in respect of *investigations* for which CGHS rates are available. It shall come into force with immediate effect.
6. This issues with the concurrence of Integrated Finance Division vide FTS No 31560 /2012.

Sd/-
[V.P.Singh]
Deputy Secretary to the Government of India

Ministry of Health &, Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 22nd February, 2013

OFFICE MEMORANDUM

Subject: Regarding tests/ *investigations* at private hospitals/ diagnostic laboratories/ imaging centers empanelled under CGHS.

The undersigned is directed to refer to the Office Memorandum of even no. dated 1st January, 2013 on the above subject wherein it has been provided under Para 3 that the serving government employees/ CGHS beneficiaries shall submit medical prescription in original while claiming *reimbursement* of expenses incurred on diagnostic tests and *investigations* from their office. Keeping in view the inconvenience and difficulties faced by the serving employees/ CGHS beneficiaries in submission of prescription in original, it has been decided to relax the above condition and to allow a self-attested photocopy of the medical prescription to claim *reimbursement* of medical expenses incurred on getting diagnostic tests/ *investigations* carried out from a CGHS empanelled hospital/ diagnostic laboratory/ imaging center on a valid prescription issued by a CGHS Medical Officer/ Govt. Specialist without a permission letter issued from the Department concerned.

2. The Serving beneficiaries will not require any permission from their Department for getting the diagnostic tests/ *investigations* carried out in a CGHS empanelled private hospital/ diagnostic laboratory/ imaging center in respect of *investigations* for which CGHS rates are available. They will get the prescribed tests done on payment basis and claim *reimbursement* from their Office. However, the serving employees of Ministry of Health and Family Welfare are eligible for credit facility from the CGHS empanelled private hospitals/ diagnostic laboratories and imaging centers in terms of this Ministry's OM No. Rec.1- 008/Gr./CGHS/Delhi/CGHS (P) dated 10.06.2008.

3. The medical prescription issued by a CGHS Medical Officer/ Government Specialist prescribing diagnostic tests/ *investigations* shall be treated as valid for a single use within a period of two weeks from the date of prescription. However the medical prescription shall remain valid beyond two weeks for undertaking diagnostic tests/ *investigations* if specifically prescribed by the CGHS doctor/ Government Specialist about the date or period by which the prescribed tests are to be conducted for a routine checkup or follow up treatment. The medical prescription would require revalidation or issue of a fresh prescription from the prescribing CGHS doctor/ Government Specialist for getting the prescribed tests done after expiry of the validity period of two weeks or as prescribed by the CGHS doctor/ Govt. Specialist, as the case may be.

Sd/-

[V.P.Singh]

Deputy Secretary to the Government of India

**Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Maulana Azad Road, Nirman Bhawan
New Delhi 110 108**

Dated the 4th March, 2013.

OFFICE MEMORANDUM

Subject: Clarification regarding CD record for Coronary Angiography and Coronary Angioplasty for CGHS beneficiaries.

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office Memorandum of even Number dated 6/2/2013 and Office Memorandum No. S.11011/23/2009/Hospital Cell dated 17.08.2010 and other Office Memoranda issued subsequently whereby the CGHS package rates for Coronary Angiography and Coronary Angioplasty were fixed by the Government for empanelled hospitals under CGHS in Delhi & NCR and other CGHS cities and to clarify that the package rate for Coronary Angiography and Coronary Angioplasty include the cost of CD record and the medical report for the Coronary Angiography and Coronary Angioplasty performed.

Sd/-

(Ravi Kant)

Under Secretary to Government of India

**Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110 108
No. S 11011/13/2012-CGHS (P)**

Dated the 25th July, 2013

OFFICE MEMORANDUM

Sub: Extension of CGHS facilities to permanently disabled dependent brother of a CGHS beneficiary – reg.

The undersigned is directed to state that dependent brother of a Central Government employee is presently entitled for CGHS coverage upto the age of becoming a major. Ministry of Health and Family Welfare has been receiving requests from CGHS beneficiaries for removal of the upper age-limit in the case of disabled dependent brother so as to provide them the CGHS facilities without any age limit as has been provided to disabled son of a CGHS beneficiary.

2. Accordingly, with a view to assuage the hardship, it has been decided to extend the CGHS facilities to permanently disabled dependent brother of a CGHS beneficiary without any age-limit.

3. For availing CGHS facilities under this provision, the permanently disabled dependent brother of a CGHS beneficiary must be suffering from any one or more of the disabilities as defined in Section 2(i) of 'The persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No.1 of 19.96)' which includes:-

- (i) Blindness;
- (ii) Low-vision;
- (iii) Leprosy-cured;
- (iv) Hearing impairment;
- (v) Loco motor disability;
- (vi) Mental retardation;
- (vii) Mental illness;

and as per Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No.44 of 1999), which presently covers a person suffering from any of the conditions relating to autism, cerebral palsy, mental retardation or a combination of any two or more of such conditions

and includes a person suffering from severe multiple disability. It is clarified that 'permanent disability' means a person with 40% or more of one or more disabilities.

4. The eligibility criteria for a permanently disabled dependent brother to avail medical facilities under CGHS will be as under:-

- a. He must be wholly dependent on the principal CGHS card holder beneficiary.
- b. He should be unmarried and should not have his own family.
- c. The income limit for deciding dependency shall be as prescribed by the Ministry of Health and Family Welfare from time to time and as applicable in CGHS for the time being in force.
- d. He must be ordinarily residing with the primary CGHS cardholder beneficiary.
- e. All the above conditions are required to be fulfilled for availing CGHS facilities. The CGHS facilities will cease to exist with immediate effect if any one of the above conditions is violated.

5. This office memorandum will be effective from the date of issue.

**Sd/-
(V.P. Singh)**

Deputy Secretary to the Government of India

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

2-1 2012/CGHS/VC/CGHS(P)

Dated the 1st August, 2013.

OFFICE MEMORANDUM

Subject: Clarification regarding admissible non-admissible items under CGHS

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office Memorandum of even number dated 1st October 2012 issued by this Department in compliance of the directions of Hon'ble High Court of Delhi in the case of Shri Kanhiya Singh vs UOI and others [W.P.(C) 9044/2011] clarifying admissibility/ inadmissibility of items of expenditure for claiming *reimbursement* under CGHS. The same are being reproduced for a wider circulation and information in compliance of Hon'ble High Court's latest direction issued on 16.05.2013 in this case. The requisite clarifications regarding admissible and non-admissible items under CGHS are provided herewith as under:-

- a) "CGHS Package Rate" shall mean and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) — (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of *medicines*, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc. (xviii) Nursing care and charges for its services.
- b) Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants / stents / grafts or as per actual, whichever is lower, in case there is no ceiling rate prescribed under CGHS,
- c) During In-patient treatment of the CGHS beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the *medicines/* sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.
- d) In cases of conservative treatment / where there is no CGHS package rate, the above mentioned items are admissible item wise at CGHS rates or as per AIIMS rates (if there is no CGHS rate) or as per actual (if there is no CGHS / AIIMS rate) available for any item.

- e) Package rates envisage up to a maximum duration of indoor treatment as follows:
- 12 days for Specialized (Super Specialties) treatment;
 - 7 days for other Major Surgeries;
 - 3 days for Laparoscopic surgeries/ normal deliveries; and
 - 1 day for day care/ Minor (OPD) surgeries.

However, if the beneficiary has to stay in the hospital for his/ her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional *reimbursement* shall be limited to accommodation charges as per entitlement , *investigations* charges at approved rates, and doctors visit charges (not more than 2 visits per day per visit by specialists/ consultants) and cost of *medicines* for additional stay). No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper proceed.

f) In addition to the above mentioned items, some patients may require additional facilities/ procedures, which are admissible with proper justification in deserving cases. Therefore, it is not possible to give a comprehensive list of items, which are not admissible.

However, the following items are not admissible:

- Telephone charges
- Toiletries
- Sanitary napkins
- Talcum powder
- Mouth fresheners

2. It has also been decided to clarify that expenses incurred on *medicines*, consumables, sundry equipments and accessories etc., which are purchased from outside, based on specific authorization of treating doctor/ staff of the concerned hospital will be reimbursable if they are not falling under the list of non-admissible items. In case the empanelled hospital has asked a CGHS beneficiary for purchase of the said items over and above the package rates, *reimbursement* shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospital.

3. This Office Memorandum is issued in compliance of the directions of Hon'ble High Court of Delhi in W.P. (C) 9044/2011 [Sh. Kanhiya Singh Vs UOI and others].

Sd/-
[V.P. Singh]
Deputy Secretary to Government of India

**Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi**

No. S 11011/12/2013-CGHS (P)

Dated 25.09.2013

**Subject: Nomination Facility under CGHS for Claiming Medical
Reimbursement in Event of Death of Principal CGHS Cardholder-
reg**

The undersigned is directed to state that the Ministry has been receiving representations from CGHS beneficiaries to introduce nomination facility whereby a person duly nominated by the principal CGHS cardholder can claim the *reimbursement* of expenses incurred on the medical treatment of the beneficiary in the event of unfortunate death of the principal card holder.

2. The matter has been examined in this Ministry in the context of difficulties being faced by the family members of a deceased CGHS cardholder in completing the prescribed formalities for claiming *reimbursement* of medical expenses. Accordingly, it has been decided with the approval of the competent authority to simplify the procedure and provide an option to the principal CGHS cardholder beneficiary to nominate a person to claim *reimbursement* of medical expenses in the event of his/ her unfortunate death.

3. The nomination facility shall be subject to the following conditions:-

- a) The nomination facility shall be available only to the CGHS pensioner card holders.
- b) Beneficiaries who wish to exercise this option shall submit their declaration of nomination in the prescribed 'Nomination Form' duly filled up and complete in all respect, to the CMO In-charge of the CGHS Wellness Centre where the beneficiary is enrolled. [Proforma of Nomination Form enclosed]
- c) CMO In-charge shall maintain a separate register 'Nomination Register' to record the particulars of the nomination submitted by the CGHS beneficiary in exercise of this option. Once the nomination details are recorded, the CMO In-charge shall forward the 'Nomination Form' to the card issuing authority, i.e. Addl. Director (HQ), CGHS in the case of Delhi and respective Additional/ Joint Director, CGHS in the case of other CGHS covered cities for making necessary entries in the CGHS database after due scrutiny and approval of Additional Director, CGHS concerned.

d) The nomination shall be treated as valid only if the same has been entered in the CGHS database.

e) Only one person shall be allowed to be nominated as the original nominee or first nominee. In addition, another person can also be nominated as 'alternate nominee or second nominee' who can claim *reimbursement* in case of unfortunate death of the first nominee.

f) The principal CGHS cardholder beneficiary can nominate any natural or juristic person as his/ her nominee for this purpose, whether related or unrelated to him/ her.

g) This option can be exercised at any time during the lifetime of the beneficiary. However, this option can be exercised only twice in the lifetime of the pensioner card holder.

h) In case, no option has been exercised during the life time of the CGHS pensioner beneficiary, the existing CGHS provision for claiming *reimbursement* of medical expenses, requiring submission of Affidavit by the claimant and NOCs from other legal heirs shall continue to apply.

4. This Office Memorandum will be effective from the date of its issue.

5. Hindi version will follow.

Encl: Proforma of Nomination Form

(V.P.Singh)

Deputy Secretary to the Government of India

S 11011/1112014-CGHS (P)
Government of India
Ministry of Health and Family Welfare
CGHS (P)
Nirman Bhavan, New Delhi

Dated: the 12th March, 2014

OFFICE MEMORANDUM

Sub: Renewal of CGHS *plastic cards* in Delhi NCR – regarding.

The undersigned is directed to refer to this Ministry's O.M No. S 11011/1/2014-CGHS (P) dated 10.02.2014 vide which fresh instructions were issued supplementing the existing guidelines on the issue of CGHS *Plastic cards*. In this regard attention is also drawn to this Ministry's O.M. No. Misc. 6024/2007/CGHS (HQ)/ CGHS (P) dated 27.12.2010 in respect of pensioner CGHS beneficiaries vide which it was clarified that:

“The *Plastic cards* (which are identity cards), would hereinafter be issued with validity till the pensioner beneficiary is entitled for CGHS benefits. In respect of pensioner CGHS beneficiaries, who have paid CGHS contribution for ‘Rest of Life’ CGHS facilities, the *Plastic cards* would, hereinafter, be issued for ‘Rest of Life’.

The *plastic cards* already issued with a printed validity of five years to pensioner beneficiaries, who had paid CGHS contributions for ‘Rest of Life’ CGHS facilities, would be taken as valid for use for ‘Rest of Life’. However, such CGHS pensioner beneficiaries have the option to obtain new *plastic cards* after five years, if they choose to do so.

2. Accordingly, the CGHS pensioner beneficiaries have the option to apply for new CGHS plastic cards which are now being issued with validity for ‘whole life’ printed on the plastic card itself. However, the serving employees are issued CGHS *plastic cards* with validity of five years and they are due for renewal every five years on expiry of validity period indicated on their CGHS plastic card. Fresh cards are being issued in place of old cards on regular basis. Since the applications are being received for renewal of old cards in a very large number, it has created bottleneck and it is taking some time to issue fresh cards.

3. In light of the above, with a view to avoid inconvenience to the CGHS beneficiaries and to facilitate them in availing CGHS services, it has been decided to allow them to access CGHS facilities with the old cards for a further period of six months from the date of expiry of CGHS cards as indicated on their CGHS *Plastic cards*. However, they have to apply for renewal of CGHS plastic card in the prescribed Form as provided in this Ministry's OM dated 10.02.2014 as referred to above.

4. In this connection, it is clarified that the beneficiaries who have already submitted applications for renewal of CGHS cards on expiry of their validity period and have so far

not received fresh CGHS cards, will not be denied CGHS facilities provided the beneficiary is entitled to CGHS benefits as per CGHS guidelines.

5. A CGHS beneficiary is required to apply for new CGHS plastic card three months in advance or within six months of expiry of validity of the *plastic cards* and it is recommended to keep a copy of the same as a proof of submission of application for renewal of card which can be produced on demand before the CGHS authorities, if required, for availing the CGHS benefits on the basis of old card.

6. CGHS Wellness Centers will provide the medical facilities to CGHS beneficiaries on the basis of old CGHS plastic card upto a maximum period of six months from the date of validity as indicated on the CGHS plastic card after due verification of the entitlement and validity of CGHS card as per CGHS data base.

7. The CGHS empanelled private hospitals/ diagnostic centers are requested to provide the medical facilities on the basis of old card up to a maximum period of six months from the date of validity as indicated on the CGHS plastic card, subject to the condition that the CGHS beneficiary has submitted the application for renewal of CGHS plastic card, complete in all respect, to the CGHS card issuing authority.

8. This OM shall come into effect from the date of issue and will remain in force for one year or till further order, whichever is earlier.

Sd/-

[V. P. Singh]

Deputy Secretary to the Government of India

S 11011 /2/2014-CGHS (P)
Government of India
Ministry of Health and Family Welfare
CGFIS (Policy) Division
Nirman Bhawan, New Delhi

Dated; the 28th March, 2014

OFFICE MEMORANDUM

Subject: Guidelines for issue of *medicines* to CGHS beneficiaries from CGHS Wellness Centers — reg.

The undersigned is directed to refer to This Ministry's O.M No. S 11011/8/99-CGHS (P) dated 13.10.1999 vide which CMOs In-charge of CGHS dispensaries have been permitted to issue *medicines* for a maximum period of 3 (three) months at a time against a valid prescription of Government specialist to CGHS beneficiaries suffering from chronic illness like diabetes, tuberculosis, heart ailment, hypertension, I.H.D, epilepsy etc.

2. This Ministry has been receiving representations from beneficiaries regarding the requirement of fresh consultation with Government specialist every three months for reissue of the prescribed *medicines*. Requests have been received from beneficiaries to relax this condition as getting an appointment with Government specialists is difficult, especially for the old aged and physically challenged beneficiaries suffering from chronic diseases and requiring constant medication.

3. Acknowledging the difficulties being faced by the beneficiaries in obtaining prescription of Government specialist every three months, it has been decided to clarify that the CMOs In-charge of CGHS Wellness Centers are competent to re-validate the prescription on the request of patient, after professionally satisfying himself/ herself about the medical condition of the patient and repeat the *medicines* prescribed by Government specialist to beneficiaries for another three months subject to the following conditions:

- a) *Medicines* shall be issued against a valid original prescription from a Government specialist advising the same.
- b) CMO I/c may issue the *medicines* prescribed by a Government specialist for three months at a time during the entire treatment period indicated clearly (e.g. six months/ one year) on the prescription.
- c) CMO I/c may examine and advise the patient on whether to continue with the same *medicines* as prescribed by the Government specialist or may refer him to the Government specialist for fresh consultation, if required medically.

d) CGHS GDMOs of the Wellness Centers may prescribe routine diagnostic tests to the patients before their follow up consultation with the specialist. They should however, use discretion and not to advise specialized tests/ *investigations* as they can only be advised by the specialists, wherever required.

e) Beneficiaries will be issued *medicines* for maximum three months period at a time. In such cases, where the advice of specialist is only for three months and the CMO I/c is satisfied after professional examination that the same *medicines* are required to be continued for treatment, the prescription may be re-validated and *medicines* can be issued for another 3 (three) months i.e. to a total of 6 (six) months. After six months, the beneficiaries will have to consult the Government specialist and obtain fresh prescription or get the prescription re-validated from the Government specialist in cases where the treatment period is not clearly indicated on the prescription.

4. This issues with the approval of Additional Secretary and Director General, CGHS.

Sd/-
Deputy Secretary to the Government of India

**No. S. 11011/9/2012-CGHS (P)
Government of India
Ministry of Health & Family Welfare
CGHS (Policy)
Nirman Bhawan, New Delhi**

Dated the 5th June, 2014

OFFICE MEMORANDUM

Sub:- Revision of Medical *Reimbursement* Claim (MRC) Form for CGHS beneficiaries – reg.

The undersigned is directed to state that it has been the constant endeavour of the Ministry of Health & Family Welfare to improve the facilities under CGHS and simplify/liberalize the procedures to make the Scheme user friendly.

2. In furtherance of the above objective, the Medical *Reimbursement* Claim Form has been reviewed and further simplified. Separate forms have been developed for serving beneficiaries and pensioner beneficiaries with requirement of minimum information required for processing of the claims. The CGHS beneficiaries are required to submit their medical *reimbursement* claims in the prescribed forms with requisite documentary evidences to their Department/ office or CGHS, as the case may be, for further processing and settlement as per approved CGHS rates and guidelines.

3. The following forms have been prescribed:

Form MRC(S) – For Serving CGHS beneficiaries,

Form MRC(P) – For Pensioner CGHS beneficiaries.

Specimen Forms are enclosed

Encl: As Above

**Sd/-
[V.P. Singh]**

No. 2-2/2014/CGI-IS. HQ/PPT/CGHS (P)

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated: the 25th August, 2014

OFFICE MEMORANDUM

Sub.: Issue of *medicines/ reimbursement* of expenditure on investigations/ treatment procedures/ implants and other medical devices under CGHS - regarding

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has examined the matter in detail and with a view to streamline the procedure regarding issue of *medicines, reimbursement* of expenditure on investigations, treatment procedures, implants and medical devices and with a view to plug the loopholes in the system, it has now been decided that:

- a) CGHS shall supply/ indent only those *medicines*, which are included in the CGHS formulary, except for para (b) below. However, for *medicines* prescribed outside formulary, *medicines* with identical formulations and/ or similar therapeutic effect may be supplied from CGHS formulary against such *medicines*. CGHS formulary containing 1447 generic and 622 branded *medicines* is available on CGHS Website at <http://msotransparentnic.in/cghsnew/index.asp>
- b) Anti-Cancer and other similar *medicines* are however supplied on a case to case basis. Only the *medicines* approved by DCGI for use in India shall be supplied. In case an Indian version is available, which is cheaper than the imported medicine, only the Indian medicine shall be supplied even if an imported medicine has been prescribed.
- c) *Medicines* shall be supplied for a maximum period of one month.
- d) In case of CGHS beneficiaries going abroad, issue of *medicines* shall be restricted for a maximum period of three months.
- e) CGHS shall hereinafter allow only the listed *investigations/* treatment procedures, for which there are prescribed CGHS rates, to be undertaken in CGHS empanelled diagnostic centers and hospitals.

- f) Similarly, only listed implants/ medical devices with a CGHS prescribed ceiling rate shall be permitted for treatment/ *reimbursement* under CGHS.
- g) In those cases where any unlisted *investigation*/ treatment procedure is undertaken the *reimbursement* shall be limited to the rate of nearest similar *investigation*/ treatment procedure under CGHS. Addl. Director of the city /zone shall take a decision based on justification in such cases, in consultation with experts in the field, if necessary.
- h) In those cases where any unlisted implant/ device is installed *reimbursement* shall be limited to the CGHS rate of nearest similar implant/ device. Addl. Director of the city/ zone shall take a decision based on justification in such cases in consultation with experts in the field, if necessary.
- i) Registration of Mobile number with CGHS has been made compulsory as a guard against misuse of CGHS Card.
- j) In order to provide a mechanism to update the *investigations*/ treatment procedures/ implants etc. as an ongoing process, a Technical Committee is being constituted to consider inclusion/ exclusion of *investigations*/ treatment procedures/ implants etc. under CGHS.

Sd/-

(Ravi Kant)

Under Secretary to Government of India

F.No 2-2/2014/CGHS PPT/CGHS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110 108

Dated: the 21st October, 2014

OFFICE MEMORANDUM

Sub- Issue of *medicines*/ *reimbursement* of expenditure on investigations/ treatment procedures/ implants and other medical devices under CGHS - regarding

With reference to the above mentioned subject the undersigned is directed to draw attention to paragraph (c) and (d) of the Office Memorandum of even No dated the 25th August 2014 and to state that in response to the representations received from CGHS beneficiaries in this regard, it has now been decided by the competent authority to withdraw the provisions under para (c) and para (d) of the Office Memorandum No 2-2/2014/CGHS HQ/ PPT/CGHS(P) dated the 25th August, 2014 and to restore the status existing prior to the issue of above stated OM dated the 25th August, 2014.

In other words *medicines* under CGHS can be issued for up to 3 months at a time in chronic diseases on the basis of a valid prescription and for up to 6 months for those beneficiaries who are going abroad, as was the case prior to issue of OM dated 25.8.2014.

Sd/-
(Ravi Kant)
Under Secretary to Government of India

No.2-2/2014/CGHS (HQ)/PPTY/CHGS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110108

Dated: the 23rd December, 2014

OFFICE MEMORANDUM

Subject: Clarification regarding issue of *medicines* under CGHS

With reference to the above mentioned subject the undersigned is directed to state that the situation arising out of issue of Office Memorandum No.2-2/2014/CHGS (HQ)/PPTY/CGHS(P) dated the 25th August, 2014 has been engaging the attention of Government for quite some time. Various representations about the difficulties being encountered have been received from different stakeholders i.e. beneficiaries and doctors, necessitating a review of the matter. It was accordingly considered by a Committee under the Chairmanship AS&DG, CGHS. After careful review and keeping the recommendations of the Committee in mind, the following guidelines are issued to streamline the functioning of the Wellness Centers:

(i) The *medicines* are to be issued as per the CGHS Formulary and guidelines issued by this Ministry in this behalf.

(ii) In case the prescribed *medicines* are not available in CGHS Formulary but are essential for the treatment of the patient, they can be issued/ indented by the doctor of the CGHS Wellness Centre on the basis of a valid prescription of the authorized specialist subject to the condition that such *medicines* are neither dietary supplements/ food items nor banned drugs. Instructions on this issue i.e. non-admissibility of food items etc. vide OM No. 39-3/2003-04/CHGS/MSD/RS dated 23rd July, 2009 and 3rd August, 2009 must be followed.

(iii) In case of anti-cancer drugs and other lifesaving drugs that are not approved by the DCGI for use in India, each case should be considered by the Expert Committee under the Chairmanship of Special DG (DGHS).

(iv) The Technical Standing Committee constituted vide OM No. 2-2/2014/CGHS (HQ)/PPTY/CGHS(P) dated 27.08.2014 of this Ministry will review addition or deletion of drugs in the CGHS Formulary/ list of Treatment procedures/ investigations/ listed implants. The Technical Committee will meet once in three months or as per need, whichever is earlier. In the meantime re-imburement for unlisted procedures/ implants will be made at the rates approved by AIIMS/ GB Pant Hospital/ actuals, whichever is less.

2. The O.M. of even number dated 25.08.2014 is superseded to the above extent while O.M. of even number dated 1.10.2014 is withdrawn.

Sd/-
(Bindu Tiwari)
Director, CGHS(P)

No. 1967/2013/DEL/CGHS/SZ/D52/CGHS (P)

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
CGHS (Policy) Division
OFFICE MEMORANDUM
Nirman Bhawan, New Delhi

Dated 30th December, 2014

**Sub: Delegation of power to HOD's for permission/ ex-post facto permission
for treatment from private/ empanelled hospital-regarding**

The undersigned is directed to state that CGHS guidelines have been issued whereby powers have been delegated for settlement of medical *reimbursement* claims (MRCs) incurred by CGHS beneficiaries with the primary objective of speedy settlement of medical claims.

2. Despite various instructions on settlement of MRCs, cases continue to come to MoHFW seeking clarification sought on CGHS policy, relaxation of rules - procedural lapse/ non-emergency treatment in non-empanelled hospitals etc. This leads to extra work in this Ministry and causes difficulties to the beneficiaries due to the delay in settlement of the claims. Accordingly, it has been decided to further decentralize the powers for settlement of medical claims to individual Ministries/ Departments/ Lok Sabha & Rajya Sabha Secretariats and to the Secretary General of Supreme Court (as the case may be) as under:

A. **Permission/ Ex-post facto approval for elective treatment/ *investigation* taken in non- empanelled hospitals/ diagnostic centers subject to *reimbursement* being restricted to CGHS package rates or actual expenditure, whichever is less.**

a) Pensioners/ Ex-MPs/ Freedom Fighters etc.: Request to be considered by AS & DG (CGHS) in terms of MoHFW OM No. S1016/16/2010 CGHS (P) dated: 24.01 2011.

b) Serving beneficiaries/ sitting MPs/ Judges of of Supreme Court: Request to be considered by HOD or TOO individual Ministries/ Departments/ LS & RS Secretariats/ Secretary General of Supreme Court.

B. **Ex-post facto approval of elective treatment/ *investigation* in empanelled hospitals/ Diagnostic centers without recommendation of Govt. Specialist or CMO l/c subject to *reimbursement* being restricted to CGHS rate or actual expenditure, whichever is less,**

a) Pensioners/ Ex MPs/ Freedom Fighters, etc. Request to be considered by A & DG (CGHS) as before in terms of MOHFW OM No. S.11016/ 16/ 2010 CGHS (P) dated: 24.01.2011.

b) Serving beneficiaries/ sitting MPs/ Judges of Supreme Court: Request to be considered by HOD or HOD of individual Ministries/ Departments/ LS & RS Secretariats/ Secretary General of Supreme Court.

C. **Ex-Post facto approval of elective treatment at empanelled hospitals with recommendation of Govt. Specialist/ CMO I/c but without obtaining the permission of competent authority, subject to *reimbursement* being restricted to CGHS rates or actual expenditure, whichever is less** - Instructions issued vide MoHFW OM No. 4-18/2005-C & P[Vol. I Pt. (1)] dated 20 05 2009 and MoHFW OM No. S J2020/4/97 CGHS (P) dated 07, 04 1999 will be applicable.

D. **Permission/ Ex-post facto approval for cancer treatment taken in non empanelled hospitals subject to *reimbursement* being restricted to CGHS rates or actual expenditure, whichever is less.**

a) Pensioner's/ Ex-MPs/ Freedom Fighters etc: Addl. Director of concerned Zones.
b) Serving beneficiaries/ sitting MPs/Judges of Supreme court: HOD or HOO of individual Ministries or Departments/ LV & RS Secretariats /Secretary General of Supreme Court.

E. **Condonation of delay in submission of MRC claims w. r. t pensioners etc.**

a) Less than one year: AD of concerned city/ AD (HQ), Delhi
b) Between one & two years: Director. CGHS
c) More than two years: AS & DG (CGHS)
This is w.e.f. date of discharge/ completion of treatment.

F. **Permission for treatment/ *investigations* at non-empanelled hospital/ diagnostic lab when facility for the same is not available in any empanelled hospital/ lab or any Govt. Hospital:** Permission to be granted by AS & DG (CGHS) in consultation with experts, if required

3. This issues with the approval of Secretary (Health) and with concurrence of Integrated Finance Division, Ministry of Health & Family Welfare vide Dy. No. 70977 dated 30.10.2014.

(BINDU TIWARI)
Director CGHS (P)

**Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi**

Dated: the 13th March, 2015

OFFICE MEMORANDUM

Subject: Clarification regarding issue of Medicine under CGHS

With reference to the above mentioned subject the undersigned is directed to state that the situation arising out of issue of Office Memorandum NO. 2-2/ 2014/ CGHS (HQ)/ PPTY/ CGHS (P) dated the 25th August, 2014 has been engaging the attention of government for quite some time. Although the guidelines were modified subsequently vide Office Memorandum of even number date 01.10.2014 and 23.12.2014, this Ministry is in receipt of representations seeking clarifications. The matter has been reviewed and it has now been decided to withdraw the OM of even no. dated 25.08.2014.

Sd/-

(Sunil Kumar)

Under Secretary to the Govt. of India

**Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110 001**

No. S-11011/16/2012-CGHS (P)

Dated the 8th April 2015

**Sub: Promotion of prescription of generic drugs by medical practitioners
reg.**

Reference is invited to MoHFW OM. No. H-11013/4/2010-DFQC dated 19th May 2011 followed by a Circular No. H-11013/7/2012-CGHS (P) dated 8th February 2013 and No.S-11011/16/2012-CGHS (P) dated 3rd May 2013 emphasizing the need of prescribing generic drugs. In this regard, it is reiterated that all Specialists/ Doctors working in CGHS are hereby directed to ensure that generic drugs are prescribed to the maximum extent possible with a view to make medical treatment cost effective and affordable.

**Sd/-
(Bindu Tiwari)
Director (CGHS-P)**

F. No. S-11045/36/2012 – CGHS (HEC)
Government of India
Ministry of Health & Family Welfare
Directorate General of CGHS
Maulana Azad Road, Nirman Bhawan, New Delhi 110 108

Dated: 7th September, 2015

OFFICE ORDER

Sub: CGHS Rates for Cancer Surgery for hospitals empanelled under CGHS – Revised w.e.f. date of issue of this order.

The undersigned is directed to draw attention to the Office Memorandum of even no. dated the 1st October, 2014 and to clarify that CGHS rates for Cancer surgery at Hospitals empanelled under CGHS shall be as per the details given below:

2.1 Rates of Tata Memorial Hospital, Mumbai (2012), as mentioned below for Cancer surgical procedures are treated as CGHS rates for NABH accredited hospitals. For Non-NABH accredited hospitals the rates would be reduced by 15%. These rates are for treatment for Semi Private Ward entitled class with 10% decrease for Gl. Ward and 15 % enhancement for Private Ward entitled beneficiaries.

2.2 The duration of treatment for different categories of Surgery will be as follows:

Category I 1-2 days

Category II 3-5 days

(7-10 days in respect of operations involving abdominal/ thoracic cavity)

Category III, IV, V & VI 12 - 14 days

2.3. The surgical procedures are enlisted under Categories – I, II, III, IV, V & VI and the list is annexed to this office order (at Annexure – I).

2.4. Rates applicable for room rent (Accommodation Charges) for different categories of wards are given below:

General ward – Rs.1000/- per day

Semi – Private Ward – Rs.2000/- per day

Private ward – Rs.3000/- Per day

CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay/ pension. The entitlement is as follows:

S.No	Basic Pay (without the inclusion of grade pay)	Entitlement
1	Up to Rs. 13,950	General Ward
2	Between Rs.13,951/- and Rs.19,530/-	Semi-Private Ward
3	Rs.19,540/- and above	Private Ward

For any day care procedure requiring short admission – a few hours to one day-accommodation charge for one day as per entitlement shall be applicable provided the patient has been admitted in a room as per his/ her entitlement.

2.5 *Investigation* rates and procedure charges for Chemotherapy shall be as per CGHS prescribed rates of concerned city. In case of Chemotherapy the rates prescribed are procedural

charges only. Room rent, *investigations* and cost of *medicines* are reimbursable in addition to procedural charges.

2.6 Consultation fee shall be as per CGHS rates applicable.

2.7 *Investigations* rates shall be as per CGHS prescribed rates of concerned city.

2.8 Cost of Implants/ Stents/ Grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants/ Stents/ Grafts.

2.9 The rates applicable for Anesthesia, Operation Theatre and Surgery charges under Grades – I, II, III, IV, V & VI are given below.

Sr.No	DESCRIPTION	Rate in Rupees
ANESTHESIOLOGY CHARGES		
1	Anesthesia Fees – Grade I	2700
2	Anesthesia Fees – Grade II	5000
3	Anesthesia Fees – Grade III	8000
4	Anesthesia Fees – Grade IV	10000
5	Anesthesia Fees – Grade V	14000
6	Anesthesia Fees – Grade VI	18000
SURGICAL ONCOLOGY – Operation Theatre (Hospital Service Charges)		
1	Minor OT – Service Charges	1000
2	Minor OT – Surgery Charges	870
3	Minor OT – Drugs/ Consumables (Without GA)	500
4	Minor OT – Drugs/ Consumables (with GA)	750
5	Major OT – Service Charges – Less than 2 Hrs.	5000
6	Major OT- Service Charges – 2 to 4 Hrs.	10000
7	Major OT – service Charges – More than 4 Hrs.	20000
SURGERY CHARGES		
1	Grade I Surgery	5000
2	Grade II Surgery	12500
3	Grade III Surgery	20000
4	Grade IV Surgery	25000
5	Grade V Surgery	35000
6	Grade VI Surgery	45000

2.10 The admissible amount for Cancer surgery shall be calculated as per the formula given below:

‘Room rent as applicable + Anesthesia charges (as per category) + OT charges (as per category) + Surgery charges (as per category) + *Investigations* at CGHS rates + Cost of *Medicines* and Surgical Disposables.’

Anesthesia charges (as per category) + OT charges (as per category) + Surgery charges (as per category) prescribed above are applicable for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in these rates. For private ward entitlement there will be an increase of 15%.

Other conditions as prescribed in Office Memorandum of even number dated 1st October, 2014 remain unchanged.

A copy of this Officer Order and rates for Cancer Surgery are placed on the website.

Sd/-
(Dr. D.C. Joshi)
Director (CGHS)
Tel: 011 – 2306 2800

Bapat

F. No. S.11030/55/2011-CGHS (P)
Government of India
Ministry of Health and Family Welfare
CGHS (P) Section
Nirman Bhavan, New Delhi

Dated the 10th December, 2015

OFFICE MEMORANDUM

Sub: Deduction of CGHS Contribution on change of Grade Pay by virtue of promotion/ grant of NFSG from retrospective date- reg.

This Ministry is receiving requests from various Ministries regarding deduction of CGHS Contribution on change of Grade Pay by virtue of promotion/ grant of NFSG from retrospective date. The matter was examined in this Ministry and a clarification was issued in this regard vide letter No.S 11030/55/2011-CGHS (P) dated 26/10/2012.

Matter is again clarified as under:

‘In cases where pay of a Government employee is revised from a retrospective date, resulting in change of amount of CGHS contribution payable, contribution at the higher slab rate may be recovered only from the date of issue of the order i.e. the date on which the order upgrading his pay was issued and not the date from which his pay is being effected (retrospectively).’

Sd/-
(Sunil Kumar Gupta)
Under Secretary to the Govt. of India

1967/2013/DEL/CGHS/SZ/D52-CGHS (P)
Government of India
Ministry of Health and Family Welfare
CGHS (P) Section
Nirman Bhavan, New Delhi

Dated the 10th December, 2015

OFFICE MEMORANDUM

Sub: Delegation of powers to Heads of Offices for treatment availed in emergency circumstances - relaxation of rules regarding.

The undersigned is directed to refer to this Ministry's OM No. S.12020/4/97-CGHS (P) dated 27/12/2006 and OM No. S.14025/01/2014-MS dated 5/6/2014 vide which powers were delegated to the Head of Departments (HODs) to decide the cases of medical claims in respect of treatment obtained in emergency at private hospital/ private nursing home/ private clinics, subject to item-wise ceiling prescribed under CGHS/ CS (MA) Rules, 1944, irrespective of the financial limit on the total amount to be reimbursed.

2. The matter has been examined in this Ministry. In view of undue hardships being faced by the employees whose offices are located in far flung areas and whose HoDs are at New Delhi or at any other place far away from the respective offices, it has been decided to further delegate the powers as follows:

“The Heads of Office not below the rank of Joint Secretary to the Govt. of India may decide the cases of medical claims in respect of treatment obtained in emergency at private hospital/ private nursing home/ private clinics, as per the item-wise ceiling prescribed under CGHS/ CS (MA) Rules, 1944, subject to an overall limit of Rs. 2 lakhs per case.”

3. Other contents of OM No. S.12020/4/97-CGHS (P) dated 27/12/2006 and OM No. S.14025/01/2014-MS dated 5/6/2014 will remain unchanged.

4. This issues with the approval of Additional Secretary & Director General, CGHS and shall be effective from the date of its issue.

Sd/-
(Sunil Kumar Gupta)
Under Secretary to the Govt. of India

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
545-A Nirman Bhawan, New Delhi

Dated the 4 February, 2016.

CIRCULAR

Subject: - Reiteration of guidelines regarding issue of *medicines* and permission letters - regarding

Attention of the Chief Medical Officers and other Medical Officers of all CGHS Wellness Centres is inter alia drawn to Office Memoranda No. Misc.6024/2007/CGHS (HQ)/CGHS (P) dated 16.03.2011, No. S. 11011/2/2014-CGHS (P) dated 28.03 2014, No. S. 110011/23/2009-CGHS D-II/ Hospital Cell (Part IX) dated 20.12.2011 and No. S-11045/40/2012/CGHS/HEC/CGHS (P) dated 01.10.2012 issued from time to time regarding validity of CGHS Card, issue of *medicines*, issue of permission letter etc. It is once again reiterated that:

- i) CGHS card is valid in any Wellness Centre in India and no additional documents/ attachment is mandatory. In case medical officers intend to verify the history of issued *medicines* of such beneficiaries, they can look for history of all Wellness centers in the database
- ii) *Medicines* should be issued up to '3' months in case of beneficiaries undergoing treatment for chronic illnesses
- iii) There is a provision for issue of permission letter for Haemodialysis for up to six months at a time.
- iv) For bedridden or seriously ill CGHS beneficiaries *medicines* may be issued to a representative with an identity card/ authorization letter.
- v) In case a medicine with a different brand name/ generic medicine (than the brand advised) has been issued, medical officers shall explain/ educate the same to the CGHS beneficiary to avoid any confusion about the consumption of *medicines*.
- vi) Permission letters may be issued on the same day in case the requests are received before 11 A M. In any case, permission letters for treatment in an empanelled hospital may be issued on priority in case of seriously ill patients
- vii) Whenever medical *reimbursement* claims of pensioner beneficiaries are received, it is the responsibility of the CMO I/c to ensure that all requisite documents are enclosed
- viii) In case of failure of internet connectivity essential *medicines* may be issued manually.
- ix) CGHS beneficiary attending to Wellness Centre has some problem and he/ she may be extended due politeness

Dr.D.C.Joshi
Director, CGHS

No S-14025/23/2013-MS-EHSS
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare

Nirman Bhavan, New Delhi
Dated 29 September 2016

OFFICE MEMORANDUM

Sub: *Reimbursement* of medical claims to pensioners under CS (MA) Rules, 1944 as directed by various CATs/ Courts –Regarding

The undersigned is directed to state that various references are being received in Ministry of Health and Family welfare on the above mentioned subject. It is hereby clarified that CS (MA) rules 1944 are not applicable to pensioners till date.

2. It is further informed that the following options to avail medical facilities are available to Central Government pensioners:

a) Pensioners residing in CGHS covered areas:

- 1) They can get themselves registered in CGHS dispensary after making requisite contribution and can avail both OPD and IPD facilities.
- 2) Pensioners residing in CGHS area can not opt out of CGHS and avail any other medical facility i.e. Fixed Medical allowance. Such pensioners, if they do not choose to avail CGHS facility by depositing the required contribution, cannot be granted Fixed Medical allowance in lieu of CGHS.

b) Pensioners residing in non- CGHS areas:

- 1) They can avail Fixed Medical allowance (FMA) @ 500/- per month.
- 2) They can also avail benefits of CGHS (OPD and IPD) by registering themselves in the nearest CGHS city after making the required subscription.
- 3) They also have the option to avail FMA for OPD treatment and CGHS for IPD treatments after making the required subscription as per guidelines.

3. In view of above, *reimbursement* of medical claims to pensioners under CS (MA) Rules 1944 as directed by various CATs/ Courts need not be referred to the Ministry of Health and Family welfare. The respective Administrative department/ Ministry may take their own decision in this regard.

4. Further, all departments / Ministries are requested to intimate their employees proceeding for retirement regarding the above options for medical facilities available to the central government pensioners.

5. This issues with the approval of competent authority.

(SUNIL KUMAR GUPTA)
UNDER SECRETARY TO THE GOVT .OF INDIA

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
No: Z.15025/79/2/DIR/CGHS
Nirman Bhawan, New Delhi 110108

Dated the 5th October, 2016

OFFICE MEMORANDUM

Subject- Delegation of powers for settlement of *reimbursement* claims/
Permissions ex-post-facto approval in respect of Pensioner CGHS
beneficiaries etc.

With reference to the above subject the undersigned is directed to state that the matter has been reviewed by the Ministry in view of the difficulties faced by the CGHS pensioner beneficiaries. Therefore, with a view to streamline and to simplify the procedures, it has now been decided to further delegate powers to the Addl. Directors of CGHS Cities/ Zones in respect of CGHS pensioner beneficiaries etc. as under:

i) Permission/ ex-post facto approval in non-empanelled hospitals/ Diagnostic Labs/ Imaging Centre:

Requests for permission/ ex-post facto approval for elective treatment/ *investigations* in non-empanelled hospitals/ diagnostic centers in respect of Pensioners/ ex-MPs/ Freedom Fighters etc. shall be considered by Addl. Director of concerned CGHS city/ Zone subject to the *reimbursement* being restricted to CGHS package rates or actual expenditure, whichever is less.

ii) Permission/ ex-post facto approval in cases involving procedural lapse:

Requests for approval of elective treatment/ *investigations* in empanelled hospitals/ diagnostic centers without recommendation of Govt. Specialist or CMO and without prior permission in respect of Pensioners/ ex-MPs/ Freedom Fighters etc. shall be considered by Addl. Director of concerned CGHS city/ Zone subject to the *reimbursement* being restricted to CGHS rates or actual expenditure whichever is less.

iii) Delegation of Powers for Settlement of Medical *Reimbursement* Claims (at approved rates) of Individual Pensioner Beneficiary etc.

Revised Delegated Powers		
a)	Additional Director, CGHS of City/Zone	Rs. 7,00,000/-
b)	Director, CGHS	Rs. 15,00,000/-
c)	Addl. Secretary & DG, CGHS	Rs. 25,00,000/-

v) Delegation of Powers for Permission/ ex-post facto Approval/ Settlement of Medical *Reimbursement* Claims of Individual Beneficiaries/ Hospital Bills in respect of Unlisted procedures/ Implants (no CGHS rates):

If there is no CGHS package rate for treatment/ CGHS Ceiling rate for implant, approval shall be granted as per AIIMS package rate (if only procedural charge, it shall not be considered as package rates)/ AIIMS rate for implant and if there is no CGHS/ AIIMS rate, approval shall be granted as per actual rate.

Revised Delegated Powers		
a)	Additional Director, CGHS of City/Zone	Rs. 7,00,000/-
b)	Director, CGHS	Rs. 15,00,000/-
c)	Addl. Secretary & DG, CGHS	Rs. 25,00,000/-

2. The revised delegations mentioned above will be subject to the condition that it will not include any case involving relaxation of rules, irrespective of the amount involved. Further, cases where the amounts exceed the monetary limits prescribed above will have to be referred to the Ministry of Health & Family Welfare for obtaining the concurrence of Integrated Finance Division in the Ministry of Health & Family Welfare.

3. The above delegations are in supersession of all the earlier instructions in the matter in respect of the delegations now being conveyed.

This issues with the concurrence of Integrated Finance Division, Ministry of Health & Family Welfare vide Dy. No C- 3373 dt. 20.09.2016

Sd/-
(Dr. D.C. Joshi)
Director, CGHS

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
No: Z.15025/79/1/DIR/CGHS
545-A Nirman Bhawan, New Delhi**

Dated the 5th October, 2016

OFFICE MEMORANDUM

Sub: - Prescription of Timelines under CGHS for settlement of Medical claims of Pensioner CGHS beneficiaries.

With reference to the above subject the undersigned is directed to state that it has now been decided to define 'Time Lines' for processing and settlement of medical claims of pensioner CGHS beneficiaries as per the details given under:

Medical Claims not requiring Special approvals:

- i. Issue of Serial No. for Medical Claim at CGHS WC – same day
- ii. Submission of physical bill to Office of AD – within 7 days
- iii. Processing of Claims by Dealing Asst. and submission to CMO (R&H) – within 10 days
- iv. Processing of Medical claims by CMO (R&H) – within 7 days
- v. Sanction of Addl. Director and return to CMO – within 3 days
- vi. Preparation of Bill and submission to P&AO – within 7 days
(Total within 45 days)

Medical claims requiring approval of higher authorities:

- Total time - within 60 days in Delhi
- Total time - within 90 days in other cities

Medical claims requiring opinion of specialists:

- Total time - 60 days

Medical Claims requiring STC approval for full reimbursement:

- 1st STC meeting may be conducted within 90 days

Chief Medical Officer in charge shall thoroughly check the papers initially for the completeness of the requisite documents before accepting the claim papers to ensure that the claim papers are not returned subsequently for want of some documents.

**Sd/-
(D.C. Joshi)
Director, CGHS**

No.S.14025/18/2015-MS/EHSS
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 17th October, 2016

OFFICE MEMORANDUM

Sub: Grant of 90% medical advance for all treatments (IPD and OPD) under CGHS and CS (MA) Rules, 1944.

The undersigned is directed to refer to O.M. No. S. 14025/7/94-MS dated 15.05.1996 and OM No. S.12025/1/96-CGHS (P) dated 13.05.1997 provisioning, inter-alia, grant of advance up to 90% in case of major illness like by-pass surgery, Kidney transplant, major cancer treatment, etc.

2. During the meeting held on 25.03.2015, National Council (Staff Side) requested this Ministry to make provisions for grant of 90% advance of the estimated cost for all treatments for serving Central Government employees, irrespective of major or minor diseases.

3. The matter was examined in the Ministry. Considering that the basic purpose of grant of advance for treatment of any disease is to provide relief to a Government employee from facing hardship, it has been decided with the approval of the competent authority that serving CS (MA) and CGHS beneficiaries may be granted 90% medical advance of the approved CGHS package rates for all indoor treatments, irrespective of major or minor diseases, on receipt of a certificate from the treating physician of a Government/ recognized hospital as per the guidelines given in the OM No. S.14025/7/94-MS dated 15.05.1996 and OM No. S-11016/1/92-CGHS (P) dated 29.10.1992 for CS (MA) and CGHS beneficiaries respectively.

4. For out-door treatment, it has also been decided that advance may be limited to 90% of the total estimated expenditure of the treatment, subject to the condition that the advance for OPD treatment may only be granted when the total estimate of expenditure for OPD treatment including tests/ *investigations* is more than Rs.10,000/-.

5. The advance should be released within 10 days on receipt of the request for advance by the administrative Department/ Ministry/ office in order to avoid inconvenience to the employees.

6. The OM No. S.12025/1/96-CGHS (P) dated 13.05.1997 stands withdrawn from the date of issue of this O.M.

Sd/-
(Sunil Kumar Gupta)
Under Secretary to the Govt. of India

**No. S-11012/2/2016-CGHS-P)
Government of India Ministry of Health and Family Welfare
(CGHS-P Section)
Nirman Bhawan, New Delhi**

Dated the 8 November, 2016

OFFICE MEMORANDUM

Sub: Revision of income limit for dependency for the purpose of providing Central Government Health Scheme (CGHS) coverage to family members of the CGHS covered employees subsequent to implementation of recommendation of the seventh Central pay commission - regarding

The undersigned is directed to say that subsequent to the implementation of the recommendations of the 6th CPC, the income limit for dependency for the purpose of extending CGHS coverage to “family” members of the CGHS covered Central Government employees was enhanced to Rs. 3500/-per month plus the amount of dearness relief on the basic pension of Rs. 3500/- as on the date of consideration.

2. With the implementation of the recommendations of the 7th Central pay commission, the issue of revision of income limit for dependency for the purpose of providing CGHS coverage to family members of the CGHS covered Central Government employees and pensioner CGHS beneficiaries was under consideration keeping in view the amount of minimum pension/ family pension fixed by the 7th central pay commission.

3. On the basis of the recommendations of the 7th CPC, the Department of Pension and Pensioners' Welfare under Para 5.2 of their OM No. 38/37/2016-P&PW (A)(i) dated 4/8/2016 has fixed the amount of minimum pension as Rs. 9,000/- per month and under para 7.1 of this OM the amount of family pension has been fixed as 30% of the basic pay in revised pay structure and shall be subject to a minimum of Rs. 9,000/- per month and maximum of 30% of the highest pay in the Government. Vide Para 7.3 of the aforesaid OM it has been mentioned that there will be no other change in the provisions regulating family pension.

4. It has been decided, in consultation with the Department of Expenditure, to revise the income limit for the purpose of providing CGHS coverage to the family members of the CGHS covered Central Government employees to Rs. 9,000/- plus the amount of dearness relief on basic pension of Rs. 9,000/- as on the date of consideration.

5. As such, all the orders related to the CGHS Rules stand amended to the extent that the income limit for Rs. 3500/- per month from all sources including pension/ and family pension stands amended to an income of Rs. 9000/- plus amount of the dearness relief on the basic pension of Rs. 9000/- as on the date of consideration. The amount of dearness relief, as indicated in the income limit stands for the amount of dearness relief drawn by a pensioner/ family pensioner on the date of consideration and not the amount of dearness relief due on the date of consideration.
6. The income limit for dependency of “Rs.9000/- plus amount of the dearness relief on the basic pension of Rs. 9000/- as on the date of consideration”, shall also be applicable for the cases covered under CS (MA) Rules, 1944 for the purpose of examining eligibility of family members of the Central Government employee for medical facilities under the Rules.
7. The order shall be effective from the date of issue of instructions of this O.M.
8. This issues with the concurrence of Department of Expenditure vide their I.D. No. 204/E-V/2016 dated 19/10/2016.

(Sunil Kumar Gupta)
Under Secretary to the Govt. of India
Tel: 23061986

**S.11011/10/2012-CGHS (P)/EHS
Government of India
Ministry of Health and Family Welfare
EHS Section
Nirman Bhawan, New Delhi**

Dated the 28 March, 2017

OFFICE MEMORANDUM

Sub: Guidelines on “CGHS benefits to Central Govt. employees (serving/retired) covered under New Pension Scheme”-reg.

The undersigned is directed to say that the matter regarding extension of CGHS facilities to Central Govt. employees (serving/ retired) covered under New Pension Scheme (NPS) was under examination in this Ministry.

2. ‘The matter has been examined in this Ministry in consultation with Department of Expenditure and Department of Pension & Pensioner’s Welfare and the guidelines for NPS subscribers to be eligible for CGHS facilities are as follows:

- (a) Minimum years of qualifying service for eligibility of CGHS membership after retirement- 10 years.
- (b) No minimum qualifying years of service for availing CGHS facilities in case of death/ disability.
- (c) In case of absorption into AB/ SB’s, NPS subscribers can avail CGHS after their retirement only if the SB/ AB where they were absorbed is covered for their retired employees, subject to condition (a) above.
- (d) In case of deputation to AB/ SB’s, no CGHS coverage till such period of deputation continues unless the entity to where the employee has been transferred is covered by CGHS.
- (e) Status-quo to be maintained for serving NPS subscribers subject to conditions at (c) and (d) above.
- (f) Other conditions such as definition of family, CGHS contributions, conditions of dependency etc. will be applicable as per existing rules.

3. This issues with the approval of the Competent Authority.

**Sd/-
(Sunil Kumar Gupta)
Under Secretary to the Government of India**

**Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
No: Z 15025/83/2017/DIR/CGHS
545-A Nirman Bhawan, New Delhi**

Dated the 8th September, 2017

**Sub: - Prescription of *Medicines* by Generic and legible prescriptions by
Generic names**

With reference to the above mentioned subject attention of the Chief Medical Officers and other Medical officers of all CGHS Wellness Centers and Specialists of CGHS is drawn to the instructions issued by Ministry of Health & Family Welfare vide Z 25015-H-1 dated 18th April, 2017 reiterating the regulations of MCI as amended vide Notification dated 21st November 2016 for strict adherence.

“Every Physician should prescribe drugs with generic name legibly and preferably in Capital letters and he/ she shall ensure that there is a rational prescription and use of drugs.”

Therefore, the Chief Medical Officers and other Medical officers of all CGHS Wellness Centers and Specialists of CGHS shall comply with the Notification of MCI to ensure that prescription is only by generic name wherever generic drugs are available

**Sd/-
(Dr. D.C.Joshi)
Director, CGHS**

No:Z.15025/74/2017/DIR/CGHS/EHS
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi 11011

Dated the 26th September, 2017

OFFICE MEMORANDUM

Sub: - Revision of Ceiling Rates for Knee and Hip Implants under CGHS and CS (MA) Rules

With reference to the above mentioned subject the undersigned is directed to draw attention to this Ministry's OM No.S.11018/1/95-CGHS (P), dated the 7th March, 1995 vide which ceiling rates for Knee and Hip implants under CGHS and CS (MA) Rules have been prescribed and to state that it has now been decided by competent authority to revise the ceiling rates and guidelines for Knee and Hip Implants under CGHS and CS (MA) rules as per the details given under the succeeding paragraphs.

2. (A) PRIMARY KNEE REPLACEMENT SYSTEM

Applicable to all variants	Femoral component by whatsoever name/ specifications	Tibial component by whatsoever name/ specifications	Articular surface / insert by whatsoever name/ specifications (any material)	Patella component by whatsoever name/ specifications
1. Titanium alloy coated	38,740	24,280	9,550	4,090
2. Oxidized zirconium (OxZr) alloy	38,740	24,280		
3. Hi-flex	25,860			
4 Cobalt chromium (CoCr) alloy and other than at 1,2 and 3 above	24,090	16,960		
		Component having tibial tray and insert combined as single unit by whatsoever name specification		
		Polyethylene or cross linked polyethylene or highly cross-linked polyethy-	12,960	

CGHS CIRCULARS 2011-2020

		lene or any other material		
		Tibial: Metallic Insert: Polyethylene or cross linked polyethylene or highly cross linked polyethylene or any other material	26,546	

*plus GST wherever paid or payable

(B) REVISION KNEE IMPLANT SYSTEM

Femoral Component By Whatsoever Name/ Specifications	Tibial Component By Whatsoever Name/ Specifications	Articular Surface / Insert by whatsoever Name/ Specifications (Any Material)	Patella Component by whatsoever Name/ Specifications
62,770	31,220	15,870	4,090

(C) HIP IMPLANT– Rs.40,000/-+GST, wherever paid or payable

3. The rates prescribed shall be valid till further orders and are applicable to Implants of any name/ category/ cemented/ non-cemented.

4. The ceiling rates are applicable for treatment taken in government hospitals/ private empanelled hospitals/ other private hospitals.

5. Institutions such as hospitals utilizing knee implants shall specifically and separately mention the cost of the knee implant component-wise along with its brand name, name of manufacturer/ importer/ batch no./ specifications and other details, if any in their estimate/ proforma invoice/ final billing etc. to the patients or their representatives.

6. Prior permission of Competent Authority may be obtained before undergoing Knee/ hip Implant surgery.

7. This issues with the approval of competent authority and concurrence of Integrated Finance Division vide Dy. No. C.No. 3119442, dated 30.08.2017.

**Sd/-
(Sunil Kumar Gupta)
Under Secretary to the Government of India**

**EHS Section OM.
No. S.11011/11/2016-CGHS (P)/EHS
Government of India
Ministry of Health and Family Welfare
EHS Section
Nirman Bhawan, New Delhi**

Dated the 5th October, 2017

OFFICE MEMORANDUM

Sub: Revision of rates of subscription under Central Government Health Scheme due to revision of pay and allowances of Central Government employees and revision of pension/ family pension on account of implementation of recommendations of the Seventh Central Pay Commission.

The undersigned is directed to draw attention to Para 3 (F) of this Ministry's OM No. S.11011/16/2016-CGPIS (P) /EHS, dated 09.01.2017 regarding monetary ceiling for direct consultation with specialist in Central Government/ State Government/ Municipal Hospitals, wherein it was mentioned that "The monetary ceiling for determining the entitlement for direct consultation with Specialists in Central Government/ State Government/ Municipal Hospitals will continue at the existing rates until revision of the same after consultation with Ministry of Finance."

2. The matter has been examined in consultation with Department of Expenditure, Ministry of Finance and it has been decided to remove monetary ceiling for direct consultation with Specialists in Central Government/ State Government/ Municipal Hospitals and there is no bar on direct consultation with Specialists in Central Government/ State Government/ Municipal Hospitals.

3. Other contents of the above said OM will remain unchanged.

**Sd/-
(Rajeev Attri)
Under Secretary to the Government of India**

**Z 15025/105/2017/DIR/CGHS/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi**

Dated the 9th November, 2017

OFFICE MEMORANDUM

**Sub: Simplification of procedure for treatment at private hospitals
empanelled under CGHS/ CS (MA) Rules, 1944**

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for undergoing treatment at private hospitals empanelled under CGHS. The matter has been examined and it has now been decided that CGHS beneficiaries are allowed to undergo treatment at private hospitals empanelled under CGHS if specific treatment procedures listed under CGHS rate list are advised by a Specialist in a Central Government/ State Govt. Specialist hospital or a CGHS Medical Officer without any requirement of any other referral (permission) letter.

2. Private empanelled hospitals shall perform the treatment on cashless basis in respect of pensioners, ex-MPs, Freedom Fighters, Regular employees {both CGHS and CS (MA) beneficiaries} of this Ministry & other categories of CGHS beneficiaries, who are presently eligible for credit facility and shall enclose the prescription issued by Government Specialist or a CGHS Medical Officer in original (or a self-attested photocopy) along with the hospital bill submitted to the competent authorities.

3. Serving government employees shall enclose the prescription issued by a Government Specialist or a CGHS Medical Officer in original (or a self-attested photocopy) while submitting the medical claim to the concerned Ministry/ department/ office for reimbursement.

4. CGHS Medical Officer/ Government Specialist shall not refer the beneficiaries to any particular empanelled hospital by name but shall specify the treatment procedure and mention 'referred to any CGHS empanelled center'.

5. These orders are applicable only in respect of treatment procedures for which CGHS rates are available.

6. This issue with the concurrence of IFD vide FTS No. 3130849 dated 09.11.2017.

Sd/-

[Sunil Kumar Gupta]

Under Secretary to Government of India

N. 44-42/2016/MCTC/CGHS/2451-83
Monitoring Computerization and Training Cell
Directorate of CGHS
Ministry of Health & Family Welfare
CGHS Building, Kalibari
New Delhi 110001

Dated: 17/11/2017

OFFICE MEMORANDUM

Subject: – Registering of Email IDs of CGHS beneficiaries

With the objective of further strengthening the services to CGHS beneficiaries it has been decided to provide following e-services to the beneficiaries through emails:

- Prescription by Medical Officer at the WC
- Intimation of *medicines* issued by Pharmacy
- Intimation of *medicines* indented
- Intimation of issue of indented *medicines*
- OTP to book online appointment
- Confirmation/ cancellation of online appointment
- Permission letter for procedures/ *investigations* etc.

In order to enable above services it is required that email ids of all CGHS beneficiaries are registered with CGHS.

A beneficiary can visit CMO In charge of parent Wellness Centre to get his/ her email id registered with CGHS or can himself/ herself register it by logging on to CGHS portal cghs.nic.in through following steps

- Visit CGHS Portal cghs.nic.in
- Click beneficiary login
- Enter your Ben Id, password and sign in
- Click Update Email
- Enter OTP sent on your registered Mobile
- Enter your email ID
- Update your email ID

Similarly email ID for other family members can be updated.

Vide publicity to this notice may be given through verbal communication and display at the notice boards of Wellness Centers.

Sd/-
Dr. V.K. Dhiman
Nodal Officer, MCTC

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Nirman Bhawan, New Delhi 110 011**

Dated the 26th December, 2017

No.S-11011/90/ 2016/-CGHS (HEC) AYUSH/Pt- I.

OFFICE MEMORANDUM

Sub: – Empanelment of AYUSH Hospitals/ Centers under CGHS/ CS (MA) Rules

With reference to the above mentioned subject attention is drawn to the Office Memorandum of even number dated the 9th November, 2017 and to state that the following AYUSH Hospitals have signed new MOA and submitted PBG and are notified as CGHS empanelled hospitals for a period of 3 years from the 15th December, 2017 as per the revised CGHS rates and terms and conditions as contained in the said OM:

1. Kailash Institute of Naturopathy Ayurveda & Yoga, 26 KP-1, Greater Noida, - 201308 Phones- 0120-2327911 & 2327900 E-Mail: kinaykailashnaturopathy.com
2. Sree Subramania Ayurvedic Nursing Home, Karikkamkulam, Karaparamba P.O. Calicut, Kerala-673010 Phone-+91495/2371452, 6061011 Emailinfo@ssanh.com
3. Vivekananda Prathishthan Parishad, Vivekanand Hospital Yogasharam, Patparganj Road, Khureji Delhi- 110051, Tel: 22502142, 22424057 E-mail: healincabol.net.in
4. Maharishi Ayurveda Hospital, Khosla Medical Institute & Research Society, Block-B, Pocket-P, Shalimar Bagh (West) Delhi-110088, Phone: 2747501, 95029503, E-mail: infomahospital.org
5. Babu Nature Cure Hospital & Yogashram, Gandhi Nidhi, Mayur Vihar Phase-I Delhi-110091, Phone- +919911371757 Email: infobnchy.org

The non-NABH Hospitals are however required to obtain NABH Accreditation within one year from date of this empanelment failing which they are liable to be removed from the list of empanelled hospitals under CGHS.

**Sd/-
(Dr. D.C. Joshi)
Director, CGHS**

Z. 15025/117/2017/DIR/CGHS/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi

Dated the 15th January, 2018

OFFICE MEMORANDUM

Sub: Simplification of referral system under CGHS

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for CGHS beneficiaries to undertake treatment at private hospitals empanelled under CGHS. The guidelines issued earlier on referral/ permission under Office Memorandum No. S 11011/6/96 — CGHS (P) dt. 11/6/97 and 02/09/99; S-12020/4/97 — CGHS (P) dt. 07/04/1999; S.11011/1/200-CGHS (P) dt. 10/04/2001 and RA/Cons/Hyd/09-10/CGHS-IV dated 11/06/2010 and Z.15025/105/2017/DIR/CGHS dt. 09/11/2017 has been reviewed and it has now been decided to revise the guidelines for consultation and treatment at CGHS empanelled private hospitals as per the details given under:

- i) All CGHS beneficiaries (in all CGHS Cities) shall be permitted for seeking OPD consultation from Specialists at Private hospitals empanelled under CGHS after being referred by any Medical Officer/ CMO of CGHS Wellness Centre. The referral may be mentioned on the computer generated Prescription Slip. After consultation at empanelled hospitals beneficiary shall report back to concerned wellness center, where MO/ CMO would endorse listed *investigation* and issue *medicines* as per guidelines mentioned below. For unlisted investigation/ treatment procedure CMO In Charge shall submit the prescription to competent authority for consideration in case of pensioner beneficiaries. Serving employees shall seek permission for unlisted investigation/ treatment procedure from their department as per prevailing guidelines.
- ii) The *medicines* prescribed by specialists shall be supplied by CGHS as per the available generic name at the CGHS Wellness Centre.

In case the medicine prescribed by the Specialist is available by an alternative brand name having the same composition, it shall be supplied by the brand name available at CGHS Wellness Centre.

If, the medicine prescribed by the specialist is not available at CGHS Wellness Centre either by generic name or alternate brand name, it shall be indented by the same brand name through Authorized Local Chemist.

(iii) With reference to OM Z.15025/105/2017/DIR/CGHS dated 09-11-2017 it is clarified that the validity of the advice of Central Government/ State Government Specialist/ CGHS Medical Officer for listed treatment procedures shall be treated as valid for three months unless mentioned otherwise and no other referral (permission) letter is required to undergo the treatment procedure at any of the empanelled Hospitals. It is also clarified that once a specific treatment procedure (listed) has been advised by a Specialist of Central Government/ State Government or a CGHS Medical Officer, it is the option of CGHS beneficiary to undergo at any of the CGHS empanelled hospitals of his/ her choice and it is not compulsory that specialist/ CGHS Medical Officer shall refer the beneficiary for treatment to any CGHS recognized hospitals.

iv) In case of Haemo-Dialysis, the advice for treatment can be made upto six months and in such cases the advice shall be valid for upto six months.

v) In case of Radio-therapy/ Chemotherapy advised by a Government Specialist the advice shall be valid for all the cycles of Radio-therapy/ Chemotherapy. The specialist has to specify the specific Radio-therapy procedure. Self-attested (by beneficiary) photo-copies of the permission letter are required to be submitted.

vi) In case of post-operative follow up treatment in six conditions as specified in OM dated 10.04.2001, permission for follow-up treatment shall be required from competent authority.

vii) In case of non-listed investigations/ treatment procedures permission from competent authority is required to be obtained.

2. This issues with the approval of competent authority in supersession of earlier guidelines.

Sd/-
(Dharminder Singh)
Under Secretary to Government of India

**Z15025/108/2017/DIR/CGHS/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi**

Dated the 17th January, 2018

OFFICE MEMORANDUM

Sub: Online transfer of CGHS Cards of serving employees on transfer from one CGHS Covered City to another CGHS Covered City — Reg.

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for allowing online transfer of same CGHS cards of serving employees of Central Government on transfer from one CGHS City to another CGHS City. The matter has been reviewed and it has now been decided, in supersession of the earlier orders in this regard, to allow online transfer of same CGHS cards of serving employees of Central Government on transfer from one CGHS City to another CGHS City as per the details given under:

- i) Serving employees on transfer from one CGHS City to another CGHS City shall submit an application to the Additional Director of CGHS City (forwarded by the Ministry/ Department from where he/ she is being transferred) along with copy of the transfer/ relieving order for transfer of CGHS Cards to another CGHS City with an undertaking that he shall be residing in the new city in a CGHS covered area.
- ii) Addl. Director, CGHS of City shall transfer the card online and shall issue an acknowledgement slip to the serving employee. CGHS *Plastic cards* shall be retained by the serving employee.
- iii) Serving employee in the new CGHS City submits an application duly forwarded by his/ her Ministry/ Department/ Office, certifying that CONS contribution is being deducted, to the Additional Director of new CGHS City for acceptance of the transit CGHS Cards to the data base of new city and allocation of a CGHS Wellness Centre in new CGHS City along with proof of residence for residing in a CGHS covered area. Additional Director, CGHS in the new City shall accept the cards in new City after verification of the residential address. If the area is covered under CGHS, the card shall remain inoperable until it is accepted by the Addl. Director, CGHS.
- iv) It is also brought to the attention of all Ministries and Departments that they are responsible for surrender of CGHS Cards issued to Serving Employees, when they are transferred to a non-CGHS covered City.

2. These order shall supersede all the earlier instructions issued on the subject and will be in effect from the date of its issue.

Sd/-
(Dharminder Singh)
Under Secretary to Government of India
Tel- 011-2306 2666

Bapat

**Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
No. C 14012/02/2018/CGHS-III/DIR
Nirman Bhawan, Maulana Azad Road
New Delhi 110 011**

Dated: 6th April, 2018

OFFICE MEMORANDUM

Subject: - Clarification regarding demarcation of CGHS covered areas under CGHS Wellness Centre.

With reference to the above subject the undersigned is directed to state that in some of the CGHS Cities the areas covered under CGHS were not specified resulting in inconvenience to the beneficiaries. The matter has been reviewed and it is now decided that hereinafter the coverage of CGHS shall be limited to the areas within 5 km (approx.) radius of the CGHS Wellness Centers in all CGHS covered Cities where such demarcations were not specified. The Additional Director, CGHS concerned City shall notify such areas covered under CGHS Wellness Centers.

The serving Central government employees residing outside the CGHS covered areas shall be covered under CS (MA) Rules. However, in all CGHS covered cities the serving Central government employees residing within the Municipal limits of the city shall be given a onetime choice to opt for CGHS (instead of CS (MA) Rules) from the nearest CGHS Wellness Centre.

**Sd/-
(Dr. D.C. Joshi)
Director, CGHS**

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Nirman Bhawan,
New Delhi 110 011**

Dated the 1st May, 2018

No:Z.15025/33/2018/DIR/CGHS

OFFICE MEMORANDUM

Subject: - Clarification regarding issue of *Medicines* prescribed by Specialists beyond the period for which the *medicines* had been advised

With reference to the above subject the undersigned is directed to state that this Ministry is in receipt of representations from CGHS beneficiaries, particularly from Senior Citizens regarding refusal of CGHS for issue of *medicines* prescribed by Specialists, immediately on expiry of the period for which the prescription has been issued. The matter has been reviewed by the competent authority in view of the difficulties faced by the CGHS beneficiaries and it is now decided that Medical Officers of CGHS can issue the same *medicines* to CGHS beneficiaries prescribed by the Specialists even after the expiry of the validity of the prescription in Chronic diseases, where the clinical condition is stable and CGHS shall not insist on immediate re validation by Specialists.

However, in cases of Chemotherapy and immunosuppressant treatment regular follow up from Specialists would be advisable.

These guidelines are in supersession of the guidelines issued earlier on the subject.

**Sd/-
(Dr. D.C. Joshi)
Director, CGHS**

**No.4-24/96-C&P/CGHS (P)/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi**

Dated: the 7th May, 2018

OFFICE MEMORANDUM

**Sub: Eligibility of Permanently Disabled Unmarried Son of a CGHS
Beneficiary to avail CGHS facility – Reg.**

The undersigned is directed to refer to this Ministry's Office Memoranda of even number dated 31.05.2007, 29.08.2007 and 02.08.2010 vide which the entitlement of the son of a CGHS beneficiary beyond the age of 25 years was conveyed. As per the two Office Memoranda under reference, it was indicated that an unmarried son of a CGHS beneficiary suffering from any permanent disability of any kind (physical or mental) will be entitled to CGHS facility even after attaining the age of 25 years.

2. Since then this Ministry is in receipt of several representations for inclusion of more conditions in view of modification to the PwD Act, 1995 by "The Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016)" as notified by M/o Law and Justice, Govt. of India on 27.12.2016. The matter has been reviewed by the Ministry and it is now decided that for the purpose of extending the CGHS benefits to dependent unmarried son of CGHS beneficiary beyond 25 years of age, the definition of 'Permanent Disability' shall include the following conditions:

I. Physical disability:

A. Locomotor disability including -

- a) Leprosy cured person- suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity or suffering from manifest deformity and paresis or having extreme physical deformity as well as advanced age which prevents him/ her from gainful occupation
- b) Cerebral palsy – caused by damage to one or more specific areas of the brain usually occurring before, during or immediately after birth.
- c) Dwarfism- a medical genetic condition resulting in an adult height of 147 cms or less;

d) Muscular dystrophy- a group of hereditary genetic muscle diseases characterized by progressive skeletal muscle weakness

e) Acid attack victims – disfigured due to violent assaults by throwing acid or similar corrosive substance

B. Visual impairment:

a) Blindness- where a person has any of the following conditions after best correction:

(i) Total absence of sight or

(ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction

(iii) Limitation of field of vision subtending an angle of less than 10 degree

b) “Low vision” means any of the following conditions:

(i) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 up to 10/200 (Snellen) in the better eye with best possible corrections; or

(ii) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree

C. Hearing Impairment -

(a) “deaf” means persons having 70 db hearing loss in speech frequencies in both ears;

(b) “hard of hearing” means persons having 60 db to 70 db hearing loss in speech frequencies in both ears;

D. “Speech and Language disability”- permanent disability arising out of conditions such as Laryngectomy or aphasia affecting one or more components of speech and language due to organic or neuronal causes.

II. Intellectual disability- characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which cover a range of every day, social and practical skills, including –

(a) “Specific language disabilities” – a heterogeneous group of conditions wherein there is deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell or to do the mathematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.

(b) “Autism spectrum disorder” — a neuron-developmental disorder typically appearing in the first three years of life that significantly affects a person’s ability to communicate, understand relationships and relate to others and frequently associated with unusual or stereotypical rituals or behavior.

III. Mental behavior

“Mental illness”- a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life but does not include retardation.

IV. Mental Retardation

V. Disability caused due to -

(a) Chronic neurological conditions such as

- (i) Multiple Sclerosis
- (ii) Parkinson’s disease

(b) Blood disorder

- (i) Hemophilia
- (ii) Thalassemia
- (iii) Sickle Cell Disease

VI. Multiple Disabilities (more than one of the above disabilities) - including deaf blindness.

3. Bench Mark Disability- unmarried permanently disabled and financially dependent sons of CGHS beneficiaries suffering 40% or more of one or more disabilities as certified by a Medical Board shall be eligible to avail CGHS facilities even after attaining the age of 25 years.

4. This OM will be effective from the date of its issue.

Sd/-
(Rajeev Attri)
Under Secretary to the Govt. of India

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
No: Z.15025/38/2018 /DIR/CGHS
545-A Nirman Bhawan, New Delhi**

Dated the 14th May, 2018

OFFICE MEMORANDUM

Sub: - Prescription of Timelines under CGHS for settlement of Medical claims of Pensioner CGHS beneficiaries

With reference to the above subject the undersigned is directed to draw attention to the OM No. Z 15025/79/1/DIR/CGHS dated the 5th October 2016 and to state that it has now been decided to review the timelines prescribed for processing and settlement of medical claims of pensioner CGHS beneficiaries in compliance of the directions of Hon'ble Supreme Court of India in their Judgment in the WP (Civil) No 694 of 2015 between Shiva Kant Jha Vs UOI delivered on 13th April 2018 and in supersession of the earlier guidelines as per the details given under:

Medical Claims not requiring Special approvals -

Pensioner CGHS beneficiaries shall submit the Medical claims to the CMO I/C of the CGHS Wellness Centre where the CGHS Card is enrolled. CMO I/C of CGHS Wellness Centre issues Serial Number and sends the claim papers to the office of the Addl. Director, CGHS for processing. The Bills shall be processed by the Dealing Assistants and CMO and, after the approval by the Additional Director, the bill for payment shall be sent to the Pay & Accounts Office for payment to the beneficiary by ECS. The payment shall be completed within 30 days of submission of the Medical claim papers at the CGHS Wellness Centre.

Medical claims requiring approval of higher authorities -

Total time within 45 days in Delhi

Total time within 60 days in other cities

Medical claims requiring opinion of specialists -

Total time 45 days

2. Chief Medical Officer in charge shall thoroughly check the papers initially for the completeness of the requisite documents before accepting the claim papers to ensure that the claim papers are not returned subsequently for want of some documents.

3. If approval of Directorate or Ministry is involved, the Addl. Directors shall submit only e-file with self-contained note and recommendation, enclosing only relevant scanned documents. Care shall be taken not to regret medical claims of pensioner CGHS beneficiaries on minor technical objections if they fall under procedural lapses which can be condoned.

**Sd/-
(DR. D.C. Joshi)
Director, CGHS**

Bapat

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
EHS Section
No: Z.15025/38/2018/DIR/CGHS/EHS
Nirman Bhawan, New Delhi

Dated the 22nd May, 2018

OFFICE MEMORANDUM

Subject: – Relaxation of Rules for consideration of *reimbursement* in excess of the approved rates pertains to medical claims.

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office Memorandum No. 4-18/2005- C&P [Vol. 1-Pt (1)] dated the 20th February, 2009 and to state that it has now been decided to modify the Para 3 (2) of the above referred Office Memorandum as per the details given under the succeeding paragraphs.

a) The requests for full *reimbursement* which fall under the following defined criteria shall be examined by Directorate General of CGHS and submitted to AS & DG, (CGHS) for consideration of approval. After the recommendation of AS & DG, (CGHS) the concurrence of Internal Finance Division and approval of Secretary, Ministry of Health & Family Welfare are required for *reimbursement* in excess of CGHS rates:

- 1) Treatment was obtained in a private unrecognized hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalized for a prolonged period.
- 2) Treatment was obtained in a private unrecognized hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma, Septicemia, Multi-organ failure, etc.
- 3) Treatment was obtained in a private unrecognized hospital under emergency for treatment of advanced malignancy.
- 4) Treatment was taken under emergency in higher type of accommodation as rooms as per his/ her entitlement are not available during that period.
- 5) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections.

6) Treatment was obtained in a private unrecognized hospital under emergency when there is a strike in Govt. hospitals.

7) Treatment was obtained in a private unrecognized hospital under emergency while on official tour to non-CGHS covered area.

b) The requests from CGHS beneficiaries having a valid CGHS Card at the time of treatment in respect of the following conditions shall be considered by a High Powered Committee constituted by Ministry of Health & Family Welfare:

(i) Settlement of medical claims in relaxation of rules

(ii) Approval for air-fare with or without attendant on the advice of treating doctor for treatment in another city even though he/ she is not eligible for air travel/ treatment facilities are available in city of residence.

(iii) Representations from CGHS beneficiaries seeking full reimbursements under special circumstances which are not notified.

c) The other terms and conditions mentioned in the OM No. 4-18/2005- C&P [Vol. 1-Pt (1)] dated the 20 February, 2009 shall remain unchanged.

S/d,
(Rajeev Attri)
Under Secretary to Government of India
Tel : 011- 2306 1883

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
EHS Section
No: Z.15025/51/2018 /DIR/CGHS/EHS**

Nirman Bhawan, New Delhi

Dated the 6th June, 2018

OFFICE MEMORANDUM

Subject: - Guidelines for settlement of Medical claims of pensioners and others

With reference to the above subject the undersigned is to draw attention to the revised timelines and constitution of High Powered Committee in compliance of the directions of Hon'ble Supreme Court of India in their Judgement in the WP (Civil) No 694 of 2015 between Shiva Kant Jha Vs UOI delivered on 13th April 2018 and to state that it has been decided to issue guidelines to the Additional Directors of CGHS for implementing these decisions. The new guidelines are enclosed for perusal and compliance.

Encl. as above.

**Sd/
(Dr.D.C.Joshi)
Director, CGHS**

**GUIDELINES TO PROCESS THE REQUESTS FOR SETTLEMENT OF THE
MEDICAL CLAIMS**

1. New Timelines for settlement of the Medical Claims

The new timelines prescribed for settlement of normal medical claims are 30 days from the date of submission to the payment by Pay & Accounts Office. Every effort must be made to avoid delay at any stage. Proper calculation sheet must be prepared in the file so that the same could be shared with the beneficiaries if there are requests for reasons for the deductions.

2. Full *reimbursement* case/ Cases for relaxation of Rules

As per the new guidelines they fall into two categories -

- (a) Full *reimbursement* – Non-HPC (Non- High Power Committee) cases
- (b) Full *reimbursement* – HPC (High Power Committee) cases

a) Full *reimbursement* – Non-HPC cases

The following cases fall under this category;

- i) Treatment was obtained in a private unrecognized hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalized for a prolonged period.
- ii) Treatment was obtained in a private unrecognized hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma, Septicemia, Multi-organ failure, etc.
- iii) Treatment was obtained in a private unrecognized hospital under emergency for treatment of advanced malignancy
- iv) Treatment was taken under emergency in higher type of accommodation as rooms as per his/ her entitlement are not available during that period.
- v) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections
- vi) Treatment was obtained in a private unrecognized hospital under emergency when there is a strike in Govt. hospitals.
- vii) Treatment was obtained in a private unrecognized hospital under emergency while on official tour to non-CGHS covered area.

Although the new OM has not mentioned about STC recommendation, it is advisable to have expert Committee meetings under the Chairperson of Addl. DGHS (as in the case of earlier STC meetings) in respect of item Nos. i), ii), iii) and v) before arriving at a decision. The conditions mentioned at Nos. iv), vi) and vii) are administrative in nature and do not require meetings of expert committees and may be recommended by Addl. Director, if conditions are satisfied.

In Delhi the expert committee meetings shall be organized by respective CMO (R&H) and by AD (R&H) in case of claims of serving employees of Delhi. Such meetings in respect of other cities shall be organized by Sr. CMO in the office of Addl. DDG (HQ).

The requests for full *reimbursement* as examined by Additional Director (HQ)/ Addl. DDG (HQ), in consultation with expert committee meetings, wherever deemed necessary and recommended for full *reimbursement*, shall be submitted to Director, CGHS and

concurrence of IFD may be obtained after approval of AS & DG, CGHS before seeking the approval of Secretary for *reimbursement* in excess of CGHS rates.

If the above criteria are not satisfied (including the regrets by expert committees) the requests may be regretted by Addl. Director of concerned City, with a covering letter explaining the reasons and referring to the concerned OM.

In case there is a representation to consider as a special case then only it may be placed before the High Power Committee.

Addl. Directors shall prepare a self-contained note giving details of case and submit the files with relevant documents to Director, CGHS through AD (HQ)/ Addl. DDG (HQ)

If the proposal is approved by AS&DG, CGHS, concurrence of IFD and approval of Secretary, Health & Family Welfare are solicited for *reimbursement* in excess of approved rates.

b) Full *reimbursement* – HPC cases

The Composition of High Power Committee shall be as under:

1. Special Director General _____ Chairperson
2. Directorate General, CGHS or his Nominee _____ Member
3. Additional Director, CGHS(HQ) / Addl. DDG(HQ),CGHS _____Member
4. Addl. Director, CGHS(R&H) _____ Member Secretary
5. One Government Specialist (of concerned Speciality)_____ Member

The High Powered Committee shall consider the representations of only those CGHS beneficiaries having a valid CGHS Card.

The High Powered Committee shall consider representations received from CGHS beneficiaries holding valid CGHS Cards only at the time treatment in respect of the following conditions:

1. Approval for air-fare with or without attendant on the advice of treating doctor for treatment in another city even though he is not eligible for air travel/ treatment facilities are available in city of residence.
2. Representations from CGHS beneficiaries seeking full reimbursements under special Circumstances.
3. Relaxation of Rules

High Powered Committee shall meet once in a month and action on the decisions taken shall be completed within seven days of meeting, with the concurrence of the IFD, wherever, it is deemed necessary.

Addl. Directors shall submit the files with relevant documents to the AD (HQ) / Addl. DDG (HQ) for placing the representations before High Power Committee.

AD (R&H) shall be Member Secretary who shall, with the help of Sr. CMO of the Office of Addl. DDG (HQ), issue meeting notices including notices to concerned Govt. Specialists and organize meeting of High Power Committee.

The requests received upto the 15th of the month shall be placed before the Committee.

If the High Power Committee does not recommend the regret letters shall be issued explaining the reasons.

If the High Power Committee recommends full reimbursement/ relaxation of rules, concurrence of IFD and approval of Secretary (H&FW) shall be obtained within 7 days.

3. In addition there are expert committees to consider several cases.

Expert Committee meetings for other purposes shall continue to be held as in the past in the following cases:

Expert Committee meetings for Consideration of Liver Transplant cases, Bariatric Surgery.

Bone-marrow/ Stem Cell Transplant, Justification of treatment/ Implants in selected cases shall continue as before.

Standing Committee meetings for Cochlear Implant shall continue as before.

Expert Committee meetings for approval of Drugs etc. shall continue.

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
No. Misc.12014/2005/CGHS(R&H)

Nirman Bhawan, New Delhi

Dated the 9th July, 2018

OFFICE MEMORANDUM

Sub:- Permission/ Approval for *reimbursement* of cost of Neuro - implants viz. Deep Brain Stimulation implants, Intra-theal Baclofen Pump, Intra-theal Morphine Pump and Spinal Cord stimulators for CGHS/ CS(MA) beneficiaries.

With reference to the above subject the undersigned is directed to draw attention to the Office Memorandum of even number dated 23/06/2006 and 4/12/2008 and OM No. S.3849/09/CGHS(R&H)-CGHS(P) dated 8/12/2014 vide which the rates and guidelines for Permission/ Approval for *reimbursement* of cost of Neuro - implants viz. Deep Brain Stimulation implants, Intra-theal Baclofen Pump, Intra-theal Morphine Pump and Spinal Cord stimulators for CGHS/ CS (MA) beneficiaries were notified and to convey the approval of competent authority to allow *reimbursement* of cost of the above mentioned neuro-implants under CGHS/ CS (MA) Rules at the same ceiling rates and guidelines and conditions till the rates for the above mentioned implants are notified by National Pharmaceutical Pricing Authority (NPPA).

Sd/-
(Bindu Tiwari)
Director (EHS)

GOVT. OF INDIA
OFFICE OF THE ADDITIONAL DIRECTOR
C.G.H.S. (HQ)
Sector -12, R.K.Puram,
New Delhi-22

Misc -69/केसस्वयों) मु(./शिकायत प्रकोष्ठ/2018/981

Dated: 27/09/2018

OFFICE MEMORANDUM

Sub: Directions to Private HCOs empanelled under CGHS regarding simplification of procedure for treatment at private hospitals empanelled under CGHS/ CS (MA) Rules, 1944.

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving various complaints regarding difficulties being faced by CGHS beneficiaries in getting the OPD/ IPD treatment at Pvt. HCOs after valid referral from the CMO/ MO/ Govt. Specialist. It has been viewed very seriously by the Competent Authority.

It is observed that the CGHS beneficiaries are facing a lot of resistance from the staff/ OPD manager/ Doctors of the private HCOs empanelled under CGHS. OPD timing is clubbed with General OPD or OPD for EWS, which is causing inconvenience to the CGHS beneficiaries. OPD Slot for CGHS beneficiaries is also reduced to half an hour. The CGHS beneficiaries are not allowed to seek the consultation from the Senior Doctor or their OPD, so called premium OPD.

It is reiterated that HCOs empanelled under CGHS shall adhere to the terms and conditions while providing treatment/ *investigation* facilities to the CGHS beneficiaries. The private HCOs empanelled under CGHS shall provide quality service to CGHS beneficiaries and care may be taken to avoid inconvenience, especially for the Senior Citizen, Cancer Patients and terminally ill patients. Pvt. HCOs shall avoid any discrimination to CGHS beneficiaries.

As per MOA clause No. 18 (9) discrimination against CGHS beneficiaries vis-a-vis general patients — “The amount of Performance Bank Guarantee will be forfeited and the CGHS shall have the right to de-recognize the Health Care Organization as the case may be. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by the CGHS teams at random. The decision of the CGHS will be final.”

All the empanelled HCOs under CGHS Delhi/ NCR are hereby warned/ directed to follow the specified guidelines laid down in MOA and OMs issued by the Ministry Of

Health & Family Welfare, Govt. of India from time to time, failing which the Show Cause Notice will be served and action as deemed fit shall be taken.

This issues with the approval of Competent Authority.

Dr. Sanjay Jain
Addl. Director, CGHS (HQ)

Bapat

Z 15025/117/2017/DIR/CGHS/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi

Dated the 10th December, 2018

OFFICE MEMORANDUM

Sub: Revision of guidelines regarding simplification of referral system under CGHS

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for undergoing treatment/ *investigations* at private hospitals empanelled under CGHS. In this regard attention is drawn to the guidelines issued under Office Memoranda No. Z.15025/117/2017 /DIR/CGHS/EHS dated 15.01.2018 and S.1045/40/2012/ CGHS/ HEC/ CGHS (P) dated 22.02.2013 and to state that the matter has been reviewed by this Ministry and it has now been decided to revise the guidelines for consultation and treatment at CGHS empanelled private hospitals as per the details given under:-

- i) Referral from CGHS Medical Officer/ CGHS Specialist for consultation with Specialists at Private Hospitals empanelled under CGHS shall be valid for 30 days in the same hospital.
- ii) Referral shall be valid for consultations up to 3 times in the same hospital within 30 days.
- iii) Similarly referral shall be valid for consultation with a maximum of 3 different Specialists, if required during a single visit.
- iv) Advice of the CGHS Medical Officer/ CGHS Specialist for listed *investigations* shall be valid for a period of 30 days.
- v) Advice of the CGHS Medical Officer/ CGHS Specialist for listed treatment procedure shall be valid for a period of 3 months.
- vi) If any listed *investigation* advised by Specialist of empanelled hospital is required urgently as a medical emergency and certified as such, may be undertaken at the same hospital.
- vii) Hospitals are empanelled under CGHS for the Specialists available and not by the name of Specialists.

viii) The Referral of CGHS Medical Officer/ Specialists may be issued through Computers or even manually with proper stamp of referring doctor.

2. The other terms and conditions as prescribed on the above referred OMs shall remain unchanged.

**Sd/-
(Rajeev Attri)
Under Secretary to Government of India**

Bapat

Z 15025/35/2019/DIR/CGHS/ CGHS(P)
Government of India, Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 29th May, 2019.

OFFICE MEMORANDUM

Sub: Consultation from Specialists at CGHS empanelled hospitals in respect of CGHS beneficiaries aged 75 years and above -regarding

With reference to the above mentioned subject the undersigned is directed to state that the matter related to relaxation of consultation norms in respect of elderly CGHS beneficiaries was under consideration of this Ministry and it has now been decided that hereinafter, CGHS beneficiaries aged 75 years and above shall be permitted to seek direct OPD Consultation from Specialists of private hospitals empanelled under CGHS without referral from CGHS Wellness Centre.

2. If any *investigations*/ procedures are advised and are required in emergency, no other authorization is required and the same may be undertaken. However, in non-emergency conditions approval of competent authority is required if any non-listed investigations/ procedures are advised. *Medicines* prescribed are to be procured from CGHS Wellness Centre.

3. Private hospitals empanelled under CGHS shall provide such facilities on cashless basis at CGHS rates to pensioners, ex-MPs, Members of Parliament and such other categories of CGHS beneficiaries who are eligible for treatment/*investigations* on credit basis. More than 75 years old dependents of serving CGHS beneficiaries who are otherwise not eligible for cashless treatment shall claim the *reimbursement* from concerned Ministry/ Department. Beneficiaries of Autonomous Bodies/ Statutory Bodies covered under CGHS shall claim *reimbursement* from the respective organization.

4. These orders are in supersession of the earlier guidelines on the subject.

Sd/-
Dr. Manoj Jain
Addl. DDG (HQ) CGHS

Z.15025/35/2019/DIR/CGHS/ CGHS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 29th May, 2019.

OFFICE MEMORANDUM

Sub: Post-operative Follow-up treatment from Hospitals empanelled under CGHS in respect of critically ill CGHS beneficiaries-regarding

With reference to the above mentioned subject the undersigned is directed to state that in view of the difficulties being faced by critically ill CGHS beneficiaries in getting post-operative follow-up treatment at CGHS empanelled hospitals, the matter was reviewed and it has now been decided that critically ill CGHS beneficiaries shall be permitted for follow up treatment in CGHS empanelled hospitals as per the details given under:

i. Permission for post-operative follow-up treatment in respect of the following post – operative conditions requiring frequent consultations from Specialists at private hospitals empanelled under CGHS need not be re validated from time to time and follow-up treatment may be under taken at CGHS rates without time limit.

ii. The consultation/ *investigations* are permitted under these follow-up cases. The conditions covered are:

- a. Post Cardiac Surgery Cases including Coronary Angioplasty
 - b. Post Organ Transplant Cases (Liver, Kidney, Heart etc.)
 - c. Post Neuro Surgery Cases/ Post Brain Stroke cases requiring regular follow-up treatment
 - d. End Stage Renal Disease/ follow up cases of Liver Failure
 - e. Cancer treatment
 - f. Auto-immune disorders like Rheumatoid Arthritis requiring regular follow-up
 - g. Neurological disorders like Dementia, Alzheimer's disease, Parkinsonism etc.
- Medicines* prescribed are to be procured from CGHS Wellness Centre.

iii. The beneficiaries shall have to submit a self-attested photo copy of the permission letter to the hospital to enable the hospitals to provide credit facility in respect of pensioners and other categories of CGHS beneficiaries entitled for credit facility. Serving employees (and their dependents) who may not be entitled for cashless facilities shall enclose a self-attested photo copy of permission letter to claim *reimbursement* from the concerned Ministry/ Department. Permission in respect of Pensioner CGHS beneficiaries, Ex-MPs (and other categories of CGHS beneficiaries, whose medical expenditure is borne by CGHS) etc. shall be granted by CGHS. Permission in respect of Hon'ble Members of Parliament shall be granted by Rajya Sabha Secretariat/ Lok Sabha Secretariat as the case may be and by concerned Ministry/ Department in respect of

serving beneficiaries and by concerned Autonomous Body/ Statutory Body in respect of serving/ pensioner beneficiaries.

iv. However, if any non-listed *investigations* procedures are advised permission from competent Authority shall be required, except in emergency.

These orders are in supersession of the earlier guidelines on the subject.

**Sd/-
(Dr. Manai Jain)
Addl. DDG(HQ), CGHS**

Bapat

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
EHS Section**

**No: Z.15025/23/2018/DIR/CGHS
Nirman Bhawan, New Delhi 110 11**

Dated the 17th June, 2019

OFFICE MEMORANDUM

**Subject: - Clarification regarding issue of *Medicines* prescribed by
Specialists beyond the period for which the *medicines* had been
advised**

With reference to the above subject the undersigned is directed to draw attention to the OM Z.15025/33/2018/DIR/CGHS/ dated the 1st May 2018 and to clarify that:

- i. In Chronic cases where diagnosis has been made and line of treatment has been decided by the Specialist of CGHS/ Govt./ empanelled hospital, there is no need to refer the patients just for extension of validity period of prescription. The prescriptions in such cases may be repeated by the concerned doctor of CGHS Wellness Centre.
- ii. Only in such cases wherein there is a need for modification of the diagnosis and/ or modification of the line of treatment, beneficiaries should be referred to the concerned specialist.
- iii. However, in case of specific anti-cancer and other immune-suppressant drugs, *medicines* may be issued only for such periods as advised by the concerned specialists.

These orders are in supersession of all the earlier orders on the subject.

**Sd/-
(Dr. Atul Prakash)
Director, CGHS**

Z 15025/35/2019/DIR/CGHS/ CGHS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated the 27th June, 2019.

OFFICE MEMORANDUM

**Sub: Clarification regarding Consultation from Specialists at CGHS
empanelled hospitals in respect of CGHS beneficiaries aged 75 years
and above.**

With reference to the above mentioned subject the undersigned is directed to draw attention to Office Memorandum of even number dated 29.05.2009 and to state that with a view to facilitate ease of availing direct consultation facility, it has now been decided that while availing direct consultation from specialists of empanelled hospitals, the CGHS beneficiaries shall fill up the form provided at the Reception by the empanelled hospitals mentioning the Specialist (Specialty) he/ she is seeking consultation.

In case of pensioner CGHS beneficiaries aged 75 years and above, the hospitals shall enclose the form and submit along with the hospital bill to CGHS. The format for the same is enclosed herewith.

Encl. as above.

Sd/-
(Dr. Atul Prakash)
Director, CGHS

**GOVT. OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
CENTRAL GOVT. HEALTH SCHEME
GOPINATH NAGAR, A.K. AZAD ROAD, GUWAHATI -781 016.**

No .A.22012/1/2015/1634

Dated: 16.08.2019

NOTIFICATION

Sub: Opening of a CGHS Wellness Centers (Allopathic) at Dibrugarh.

This is for information to all eligible Central Govt. Employees, Pensioners and other stake holders that Central Govt. Health Scheme (CGHS) Wellness Centers (erstwhile Postal Dispensary) now merged with CGHS vide Govt. of India, Ministry of Health & Family Welfare letter No.S.11011/01/2015-CGHS-III-EHS dated 21.12.2018 will be functioning at Dibrugarh from 19th August 2019 near Santi Gas Agency, Chowkidingee, Dibrugarh 786001 to provide comprehensive medical facilities.

The scheme will cover the Dibrugarh city and all eligible Central Govt. Employees and their dependent family members, Central Govt. Pensioners and their dependents and other eligible beneficiaries as per CGHS guidelines residing in Dibrugarh city. The coverage shall be limited to the areas within 5 km (approx.) radius of the CGHS Wellness Centre (Ministry's letter No .C/14012 /02/2018/CGHS-III/DIR dated 06.04.2018 may please be seen for clarification in this regard). Pensioner beneficiaries can enroll irrespective of their place of residence, if desired.

The beneficiaries will be able to avail the CGHS facilities through the Wellness Centre during office hours i.e. from 7.30 am to 2.00 pm on all working days except Sundays and Holidays.

**Sd/-
(Dr. H.K. Sonowal)
Addl. Director**

**No.1-40/2019-CGHS/C&P/DIR/CGHS
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Nirman Bhawan, New Delhi 110 011**

Dated the 19th August, 2019

OFFICE ORDER

Subject: – Issue of OPD *Medicines* for CGHS beneficiaries going abroad

With reference to the above subject the undersigned is directed to draw attention to Circular No. 4-20/2003-C&P Section dated the 28th April, 2005 vide which guidelines were issued for supply of OPD *Medicines* for upto '6' months to CGHS beneficiaries who are going to stay abroad and to state that the matter has been reviewed by this Ministry and it is now decided in modification of the earlier guidelines that hereinafter, Chief Medical Officer I/C of concerned CGHS Wellness Centre is empowered for issue of OPD *medicines* for upto six months to the CGHS beneficiaries visiting abroad, subject to submission of the following documents:

- (a) Copy of valid CGHS Card.
- (b) Valid prescription for six months.
- (c) Documentary Proof of going abroad like ticket, visa etc.

**Sd/-
(Dr. Atul Prakash)
Director, CGHS**

Z.15025/36/2019/DIR/CGHS/CGHS (P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated, the 19th August, 2019

Office Memorandum

Subject: Annual Health Check-up at Hospitals empanelled under CGHS in respect of CGHS Pensioner beneficiaries (Primary card holders) aged 75 years and above- regarding

With reference to the above mentioned subject the undersigned is directed to state that the matter relating to Annual Health Check-up at private hospitals empanelled under CGHS in respect of elderly CGHS beneficiaries was under consideration at this Ministry and it has now been decided that hereinafter CGHS Pensioner beneficiaries (Primary Card holders) aged 75 years and above shall be permitted to undergo 'Annual Health Check-up' at CGHS empanelled hospitals.

Permission in respect of CGHS Pensioner beneficiaries (Primary Card holders) aged 75 years and above shall be granted by CMO in charge of CGHS Wellness Centre.

The private hospitals empanelled under CGHS shall perform the Annual Health Check-up at CGHS rates and extend cashless facility for the same in respect of CGHS Pensioner beneficiaries (Primary Card holders) aged 75 years and above.

Sd/-
(Rajeev Attri)
Under Secretary to Government of India

No. S.11011/29/2019-EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi — 110 108

Dated: the 13th September, 2019

OFFICE MEMORANDUM

Subject: Emergency treatment in CGHS empanelled Hospitals.

The extant instructions under CGHS provide that under emergency conditions a CGHS beneficiary can get admission in any CGHS empanelled Hospital without any prior permission. It has, however, been brought to the notice that the Hospitals deny admission or insist on referral memo from CGHS Wellness Centre even in emergency conditions.

2. In accordance with the Memorandum of Agreement between the CGHS empanelled Hospital and the Government of India refusal to provide treatment to bonafide CGHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis without valid ground would attract disqualification for continuation of empanelment.

3. It is, therefore, reiterated that in emergency the empanelled hospitals will not refuse admission or demand an advance payment from the COBS beneficiary or his family member and will provide credit facilities to the patient.

Sd/-

(Rajeev Attri)

Under Secretary to the Govt. of India

**Z.15025/67/2019/DIR/CGHS/
Govt. of India
Min. of Health & Family Welfare
Directorate General of CGHS
545-A Nirman Bhawan, New Delhi**

Dated the 18th September, 2019

OFFICE ORDER

**Sub: Pendency of Medical Claims of CGHS Pensioner beneficiaries due to
deficiency in documentation (More Documents Required)**

The matter concerning pendency of Medical Claims of CGHS pensioner beneficiaries has been reviewed in this Directorate and the undersigned is directed to state that it is now decided that the following revised guidelines shall be followed in respect of such medical claims:

1. The medical claims which are incomplete in documentation shall be examined to see if there are any minor deficiencies which can be resolved to process the claims by Addl. Directors. These include:

i) Photocopy of CGHS Card and validity– Addl. Director, CGHS may try if the matter can be verified from CGHS data base.

ii) Emergency Certificate – is not sacrosanct and from the clinical findings in the discharge summary the emergency factor can be ascertained. Even powers are vested with ADs to consider ex-post facto approval at CGHS rates even under non-emergency conditions using the powers for condonation of procedural lapses.

iii) Some cities ask for Bed - Ticket issued at Hospital – these are not mentioned in the CGHS Check list and the beneficiary shall not be asked to submit the same

iv) If empanelled hospital has not provided credit facility and the pensioner has made payment, often the beneficiary is asked to explain as to why the hospital has not provided credit facility. Such practice shall be avoided and explanation if any shall be called for from empanelled hospital.

v) In case of Chemotherapy, there is option to collect chemotherapy *medicines* from CGHS before undergoing Injection/ Infusion from empanelled hospital. However, it is not compulsory and as per the policy of hospitals, particularly JCM accredited hospitals and some of the NABH Accredited hospitals they shall not accept *medicines* from outside hospital supplies. In such cases, the processing of the claims shall not be delayed unnecessarily on this ground.

2. Despite the steps undertaken as mentioned above under Para (1), if some deficiencies still persist in documentation, Addl. Director, CGHS shall send a letter to the beneficiary by speed-post clearly indicating the requisite documents within five working days of receipt of claim papers at the office of Addl. Director, CGHS. The beneficiary shall also be informed by telephone/ e-mail to submit the same to the Office of Additional Director, CGHS.

3. As per the existing guidelines the medical claims of beneficiaries aged 80 years and above shall be processed on priority out of turn.

4. CMOs I/C or a person nominated by CMO I/C may be given training at the office of Addl. Director regarding verification of documentation before accepting the same at the CGHS Wellness Centre.

**Sd/-
(Dr. Atul Prakash)
Director CGHS**

Bapat

Z15025/88/2019/DIR/CGHS
Government of India
Min. of Health & Family Welfare, Directorate General of CGHS,
545-A Nirman Bhawan, New Delhi,

Dated 12.03.2020

OFFICE ORDER

**Subject: Clarification regarding submission of Medical claims by Pensioners at
CGHS Wellness Centres.**

With reference to the above subject the undersigned is directed to clarify that only one copy (original) of the medical claim is required to be submitted and the beneficiary may be advised to retain a photo copy with himself/ herself for record. The original papers shall be scanned at the office of Addl. Director, CGHS and retained and may be utilized for record as well as submission of e-file to the Directorate of CGHS for clarifications/ approvals.

(Dr. Sanjay Jain)
Director, CGHS

File No.1-60/2017-cghs/ c&p
No. 1-60/2017-CGHS/C&P/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EWS Section
Nirman Bhawan, New Delhi

Dated: the June, 2020
[E-Signed on 01.06.2020]

OFFICE MEMORANDUM

Subject: Revision of time limit for submission of final claims for *reimbursement* of medical expenses under CGHS.

The undersigned is directed to refer to CGHS guidelines wherein the time limit for submission of final claims for *reimbursement* of medical expenses is 3 months. The matter has been examined in this Ministry and it has been decided to revise the time limit for submission of final claims for *reimbursement* of medical expenses to 6 months.

2. Henceforth, only the cases in which the bills are submitted after 6 months from the date of completion of medical treatment/ discharge of the patient from the hospital are required to be taken up for condonation. The power of condonation of such delays and other terms and conditions would be same as enumerated in the O.M. No. S.14025/8/99-MS dated 25.05.1999.

3. This issues with the approval of the Competent Authority.

Sd/-
(Bimal Kumar)
Deputy Secretary to the Govt. of India

**F.No.1-030/2020/CGHS/AD(HQ)/027/DIR/CGHS
Min. of Health & Family Welfare
Directorate General of CGHS
545-A Nirman Bhawan, New Delhi**

Dated the 21st July, 2020

OFFICE MEMORANDUM

Subject: Payment of CGHS Contribution through Bharatkosh portal

With reference to the above mentioned subject and in compliance of the directives of Ministry of Finance that all types of Non-Tax Receipts are to be brought under NTR Portal <https://bharatkosh.gov.in/>, the undersigned is directed to state that CGHS contribution by Central Government pensioners for making CGHS cards shall hereinafter be deposited through Bharatkosh Portal. The steps to be followed by Pensioners submitting CGHS contribution through Bharatkosh portal are enumerated as under for their convenience:

(Beneficiaries are also advised to peruse the “FAQs” on Bharatkosh portal before making the payment through Bharatkosh).

1. Before making payment online, the applicant shall confirm from the Office of Additional Director, CGHS regarding eligibility for CGHS facility and the subscription to be made.
2. Beneficiary may login using URL i.e. <https://bharatkosh.gov.in/>, preferably using Internet Explorer as the web browser.

Beneficiary can login in 2 ways:

- a. As “Registered User may register himself/ herself by creating a user ID and password and entering his/ her details including mobile number and email ID. Once user ID and password are registered, he/ she can login using the same.
 - b. Alternatively, the option of “Non-Registered User” may be used and accordingly may click on the relevant button. Either way, the payment modules shall open.
3. Under “Payment purpose” the following fields are to be filled:
 - a. Depositor’s category: kindly choose – Individual
 - b. Purpose: Please click on search icon to reach the “Search Purpose” window.

In the window that opens select and click “Health and Family Welfare” from the drop down menu under “Ministry”.

- c. In the “Purpose” window please type “Pensioner” and select the relevant City from the choices seen. Then click the Blue “Search” button to display the “Purpose”, “Payment Type” and “Function Head”.

d. Click on the link “Pensioner Contribution for CGHS Card” written in blue, to open the next window, where the beneficiary shall select the correct Drawing Disbursing Office (DDO) of the CGHS City from drop down.

Beneficiaries are advised to carefully choose the “Purpose” and “DDO” corresponding to the city where they are to be registered as CGHS beneficiaries, to avoid inconvenience.

e. Next step is that the beneficiary will fill in the “amount” and “Payment frequency period” (if any).

f. Under “Remarks” the beneficiary should enter Pension Payment Order (PPO) number (in case of all new CGHS pensioner cards), Token number (generated in case of new card applied online), P/J/Ex MP (i. e, Pensioner/accredited Journalist/Ex MP). Then he may click on “add”.

g. In the next window, enter the name of beneficiary and other details of Individual -please remember that dot (.) or dash (-) or any special character is NOT accepted. Verify and “Save” Depositor details and then click “Confirm”.

h. In the window that opens choose the payment modality “Online”.

The Internet Banking Debit and Credit Cards based on integration available from respective resource may be utilized.

The depositor can use NEFT/ RTGS mode for depositing the Challan. The Challan (GAR-7)/ Deposit slip can be generated and amount can be remitted to designated bank by intra-bank transfer or using NEFT/ RTGS using the format generated by NTRP system. Fill in your details and enter OTP received on your email/ Mobile and click verify. At the very right side you will see a column named as “Enter UTR NO.” Click on the hyperlink and enter UTR No. provided by the Bank and wait until it gets verified.

i. After successful payment, both receipt and challan generated on-line through Bharatkosh shall be saved by the beneficiary as proof of payment. They have to be submitted to the office of Addl. Director, CGHS along with relevant documents for issue of CGHS Card.

4. The Helpline number (011-24665534) and email ID (ntrp-helpdesk@gov.in) may be accessed in case of further difficulty on the portal.

(Dr Sanjay Jain)
Director, CGHS

No S.11011/37/2019-EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
[EHS Section]
Nirman Bhawan, New Delhi

1st December, 2020

OFFICE MEMORANDUM

Subject: Revision of rate & guidelines for *reimbursement* of expenses on purchase of Hearing Aids under CS (MA) Rules, 1944 and CGHS.

The undersigned is directed to refer to the Office Memorandum No. S.14025/10/2002/MS dated 26th May, 2015 on the above mentioned subject and to state that on the basis of recommendations of an Expert committee, it has been decided to revise the rates and guidelines for hearing aids *reimbursement* under CS (MA) Rules, 1944 and CGHS.

2. The revised ceiling rates fixed for various types of hearing aids (for one ear) are as under:-

Digital. BTE Rs.8,000/- [Eight thousand only]

Digital ITC/ CIC Rs.9,000/- [Nine thousand only]

The above revised cost of hearing aids shall include all taxes, including GST and shall carry three years' warranty. The cost of BTE type hearing aids shall also include the cost of hearing mould. The cost of ITC/ CIC type hearing aids shall also include the cost of customized shell.

Body worn/ pocket type category and Analogue BTE category with ceiling rates Rs.3000/- per ear and Rs.7000/- per ear have been excluded, since they have become obsolete.

3. Beneficiaries covered under CS (MA) Rules/ CGHS shall be eligible to obtain hearing aids as per the following guidelines:

i. Patients/ beneficiaries should be properly referred to ENT Specialist of CGHS/ Government Hospital/ CGHS empanelled Hospital by Medical Officer of CGHS from CGHS wellness Centre/ AMA in case of CS (MA) beneficiary.

ii. It would be mandatory to carry CGHS beneficiary's identity Card (in original) whenever the CGHS beneficiaries visit the CGHS/ Government ENT Specialist/ Specialist of CGHS / CS(MA) empanelled Hospital for consultation and Audiometric test.

iii. The ENT specialist of CGHS/ Government hospital/ CGHS/ CS(MA) empanelled hospital shall then recommend a hearing aid on basis of Audiometric and Audio-logical assessment, specifying the type of hearing aids most suited for the beneficiary. The 'Audiogram Report' shall be authenticated by the ENT specialist. The recommendation shall be as per the categories approved under CGHS and not as per any Brand name.

iv. The permission to procure hearing aids shall be granted by the Additional Director (Zonal) of CGHS-Zonal Office in case of CGHS pensioners beneficiaries, and by the Head of Department/ Office in case of serving employees and CGHS beneficiaries of Autonomous bodies on the basis of recommendation of a CGHS/ Government ENT specialist/ ENT Specialist of CGHS/ CS (MA) empanelled hospital, and upon an 'undertaking' that the beneficiary has not been reimbursed the cost of hearing aids in the preceding five years.

4. *Reimbursement* claim shall be submitted to CGHS Zonal Office through the CMO In-charge of the concerned dispensary by CGHS pensioner beneficiaries and to concerned Ministry/ Department/ Office in case of serving employees and to concerned Autonomous Body (AB) in case of beneficiaries of ABs in the prescribed medical *reimbursement* claim form along with the following documents

- a. Permission Letter for purchase of Hearing aids in original.
- b. Copy of CGHS Card.
- c. Bill/ Receipt (in original) carrying details of the hearing aids seller.
- d. Empty Box/ boxes or the carton (s) with label showing details of the hearing aids supplied.
- e. *Reimbursement* shall be limited to the ceiling rate or actual cost of the hearing aids, whichever is less.

5. Records of permission granted for procurement of hearing aids shall be maintained by CGHS in respect of pensioner CGHS beneficiaries and by the concerned Ministry/ Department/ Office in respect of other beneficiaries.

6. Replacement of hearing aids may be permitted after five years. Henceforth, there will be no requirement of submission of condemnation certificate by the beneficiary at the time of requesting the replacement of a hearing aid that has completed its five years mandated life.

7. Maintenance and repair and cost of batteries will be the responsibility of the beneficiary.

8. The revised rates and guidelines shall come into force from the date of issue of this O.M. and shall be valid till further revision and shall supersede all the earlier orders issued on the subject.

9. This issues with the approval of Integrated Finance Division (CD No.1486 dated: 29/09/2020) of Ministry of Health & Family Welfare.

[Dr. Anil Ranga]
Director [CGHS-Policy]
23061669