

ENTITLEMENT OF MEDICAL FACILITIES TO GOVT. OF INDIA/ CSIR EMPLOYEES

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The title "Central Services (Medical Attendance) Rules, 1944" itself suggests that these rules have been introduced during pre-independence era as a welfare measure in respect of employees working in Govt. of India and its Departments. Typically, there has not been much change in the basic tenets of these rules. For operational reasons, CSIR has adopted the CGHS rates and empanelled hospitals/diagnostic centres for the benefit of its employees. For a deeper understanding and interpretation of the subject, it is desirable to consult the original compilations.

Applicability

The Central Services (Medical Attendance) Rules, 1944 are applicable to all Govt. servants, and their families, civilians paid from the Defence Services Estimates; industrial and work-charged staff who are not covered by Employees State Insurance Scheme and employees of the Ordnance and Ordnance Equipment Factories who are put up beyond a distance of 8 Km. radius from the factory premises through an option.

All those Govt. employees who are on deemed deputation of Autonomous/Statutory Bodies of the Central Govt. and retiring while on such deemed deputation will be eligible for CGHS facility, provided they are receiving Central Civil Pension and are not availing the medical facility provided by such Bodies after their retirement. The contributions to be made will be decided by the Grade Pay they would have now drawn in the Govt. in the post held by them but for their absorption.

The families of a Central Govt. servant are eligible for medical facilities even when the Govt. servants are under voluntary training/embodiment in the Territorial Army/Military service during emergency, proceeding Ex-India on deputation or leave including study leave and deputation-cum-special leave under the various schemes.

Govt. Hospitals

Central Govt. employees and the members of their families are permitted to avail of medical facilities in any of the Central/State Govt. Hospitals and the Hospitals recognized by the State Govt./CGHS Rules/CS (MA) Rules, 1944, Hospitals fully funded by Central/State Govts. Maternity & Child Welfare Centres with In-patient arrangements, Cantonment Hospitals, Railway Hospitals, Pay Clinics recognized by State Govts., Hospitals maintained by Local Bodies, PSUs, Port Trust, including their Medical Officers are also recognized for treatment of Govt. employees and their families.

Authorized Medical Attendant

A Medical Officer. appointed by the Department of Health & Family Welfare, Govt. of India or any other department of the GoI; a Medical Officer whether or not under the employ of the Central Govt. or the Chairman of the Central Govt. Employees' Welfare Co-ordination Committee in relation to the Central Govt. employees at that station is considered to be an Authorized Medical Attendant (AMA) under these rules.

The AMA of a Govt. servant is determined with reference to the place at which he falls ill as Officers of appropriate rank may or may not be available at all the places. In case of emergency, a Govt. servant is allowed to take treatment from any other empanelled AMA even if such an AMA is not nominated by his own department.

Honorary Medical Officers outside Hospital precincts and any AMA who is on leave cannot be treated as AMAs.

Appointment of private AMA

In terms of Supplementary Rule 2 (10), even a private Registered Medical Practitioner (RMP) can be appointed as AMA in respect of a class or classes of Central Govt. employees where adequate number of Doctors in the employ of the Central/State Govt. is not available, or because of remoteness of the area in which the patient lives. Such an AMA is required to follow CS (MA) Rules strictly. An RMP who is owning a Nursing Home should not be appointed as AMA. No private Dentist is permitted to be appointed as AMA.

Pathological and other tests for the purpose of diagnosis should be carried out on the advice of the AMA only at the Govt. Hospital. Treatment at Consulting Room should be limited to the administration of injections only.

Indian and Homoeopathic Systems of Medicine

The policy of the Govt. was that Allopathic scientific medicine should continue to be the basis for the development of the National Health Services in the country. This policy has recently been modified to admit Indian and Homoeopathic Systems of Medicines (ISM). Simultaneous treatment in more than one system of medicine such as Allopathic, *Ayurveda*, Homoeopathic, *Unani*, etc., provided that it is done with the knowledge of the doctor of the other system.

Rates of subscription under CGHS

S.No.	Grade pay	Contribution p.m.
1.	Up to Rs.1,650	Rs. 50/-
2.	Rs.1,800, Rs.1,900, Rs.2,000, Rs.2,400 and Rs.2,600	Rs.125/-
3.	Rs.4,200/-	Rs.225/-
4.	Rs.4,600, Rs.4,800, Rs.5,400 and Rs.6,600	Rs.325/-
5.	Rs.7,600 and above	Rs.500/-

Payment of subscription

Pensioners have an option to get their CGHS pensioner card made by either making CGHS contribution on an annual basis (12 months) or by making contribution for 10 years (120 months) for getting a pensioner CGHS card with life-time validity.

It is clarified that contributions to be made by pensioners/family pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the Govt. servant.

On revision of rates: (i) holders of Life time CGHS card need not pay any addition amount; (ii) Original entitlement will not change; (iii) those who are paying on annual basis and wish to continue to avail CGHS benefits will have to contribute at the revised rates up to the time of contribution needed to cover a period of total of 10 years from the time CGHS card was issued with reference to the Grade Pay that he/she would have drawn in the post held by him/her at the time of retirement/death had he/she continued to be in service.

Issue of Life Cards

It is compulsory for all the Pensioners to enroll themselves for availing medical facility by making lump sum one-time contribution. Pensioners on having deposited the lump sum one-time subscription equivalent to 10 years for availing medical facility have to be issued a permanent Medical Identity Card.

This facility has also been extended to those who retired before 17-10-1991, if they are willing to pay subscription for the remaining period equal to 10 years.

CSIR pensioners who enroll themselves with the dispensaries at Labs./Instts. shall now be eligible for medical treatment and reimbursement as applicable to the Govt. pensioners covered under CGHS Scheme. If Pensioners or their dependent family members are referred to Govt./recognised Hospital for consultation/Specialist treatment from Out-Patient Department, the medicines so prescribed have to be procured by the Dispensary.

The Reimbursable and Non-Reimbursable Diagnostic and Other Procedures have been listed under Annexure-I.

Income limits for dependency

A member of the family is treated as dependant only if his/her income from all sources such as recurring monthly income from houses, land-holdings, etc. is less than Rs.3,500/- plus Dearness Relief thereon per month as discussed hereunder. However, lump sum non-recurring income such as CPF benefits, Govt. of India Prize Bonds, Gratuity, Commuted Gratuity, Insurance benefits, etc. should not be regarded as income for this purpose.

Further, the income limit for the purpose of providing CGHS coverage to the family members of the CGHS covered CG employees to Rs.3,500/- plus amount of Dearness Relief on the basic pension of Rs.3,500/- as on the date of consideration. The amount of DR as indicated in the income limit stands for the amount of DR drawn by a pensioner/family pensioner on the date of consideration and not the amount of DR due on the date of consideration.

If wife and husband are Central Govt. servants, they may be allowed to avail the medical concessions along with eligible dependents according to his/her status by furnishing their respective administrative authorities, a joint declaration (in duplicate) as to who will prefer the claim for reimbursement of medical expenses. A copy of each shall be recorded in their personal files in their respective Offices. Such declaration shall remain in force till it is revised by them.

The methods of determining dependency of family members on the Govt./CSIR Employees have been given in Annexure-II.

Opting out of CGHS

If the spouse of a Govt. servant is employed in a private organization which provides medical facilities, the Govt. servant can opt out of CGHS and avail the facilities provided by such an organization.

Entitlement of wards and charges payable

S.No.	Pay (in the Pay Band)/Pension/ Family Pension p.m.	Ward entitlement	Charges payable per day (max.)
1.	Up to Rs.13,950/-	General Ward	Rs. 500/-
2.	From Rs.13,960 to Rs.19,530/-	Private Ward	Rs.1000/-
3.	Rs.19,540/- and above	Private Ward/Deluxe Ward	Rs.1500/-
4.	Day care (6-8 hours admission)	---	Rs. 500/-

Under package rate, duration of stay in a Hospital for different treatments is given hereunder:

Specialized procedure	...	12 Days
Other procedures	...	7-8 Days
Laparoscopic surgery	...	3 Days
Day care/minor procedure (OPD)	...	1 Day

- Monetary ceiling for direct consultation with Specialists in Central/State Govt./Municipal Hospitals: Rs.33,480/- p.m. and above
- Pay slab for determining the entitlement of Nursing Home facilities in Govt./State Govt./Municipal Hospitals: Rs.13,950/- p.m. and above
- The monetary ceiling for free diet for CGHS beneficiaries is revised to pay/pension/family pension of Rs.7,450/- per month.
- For beneficiaries suffering from TB, Leprosy, Mental Illness, Cancer and HIV/AIDS, Renal Dialysis therapy and Thalassemia or mental disease is revised to pay/pension/family pension of Rs.11,160/- per month
- Where the Hospital charges a flat rate which includes diet, accommodation, ordinary nursing, medical and surgical services, and also in respect of Military or recognized factory Hospitals, 20% of the flat charges will be reckoned as diet charges; where it includes diet, accommodation and ordinary nursing only, 50% of the charge will be reckoned as diet charges.

Contributions to be made by pensioners/family pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the Govt. servant. They have an option for making contribution for 10 years (120 months) for getting CGHS Card with Life-time validity.

Pension beneficiaries who have already obtained CGHS card with Life-time validity will not be required to pay any additional amount on revision. Entitlement of pensioners/family pensioners who have already deposited their contribution for Life-time CGHS facility will not be changed.

Pensioners/family pensioners who are contributing to the CGHS on an annual basis and wish to continue to avail CGHS benefits will have to contribute at the revised rates up to the time of contribution needed to cover a period of a total of ten years from the time pensioner CGHS card was issued for the first time to them. The revised rate of contribution for the remaining period would be with reference to the Grade Pay, he/she would have drawn in the post held by him/her at the time of retirement/death and continued to be in service now but for his retirement/death.

In case of pensioner/family pensioner who is entitled to avail CGHS facilities has not so far got CGHS card made, the rate of contribution in such cases will be With reference to the Grade Pay that would have drawn in the post held by him/her at the time of retirement/death had he/she continued to be in service now but for his retirement/death.

Accommodation

Allotment of accommodation in a Hospital depends upon the pay, i.e., pay in the Pay Band/Pension/Family Pension, being drawn by the Govt. servant at the time of falling ill by himself or by his family members. If suitable accommodation as per the status of the Govt. servant is not available, accommodation of a higher class may be allotted, provided it is certified by the Medical Superintendent of the Hospital that accommodation of the appropriate class was not available at the time of admission and that the admission of the patient into the Hospital could not be delayed.

However, before seeking higher class of accommodation, efforts should be put in to seek admission in one more similar Hospital, if available, at the same station.

Medical Attendance

Medical attendance is distinct from medical treatment. Medical attendance does not require repeated consultations/prescriptions. It includes attendance at the Hospital/Dispensary or at the residence of the Govt. servant or at the consulting room of the AMA whether maintained at the Hospital or at the residence of AMA.

Reimbursement of consultation fees at the prescribed rates should be restricted to the first four consultations/visits at the rate of one consultation in a calendar day which should be completed within a period of 10 days from the date of commencement of treatment.

A Govt. servant shall be entitled to medical attendance by the AMA free of charge. Any amount paid on account of such medical attendance shall be reimbursed to him on production of a Certificate in writing by the AMA.

Status of a Govt. servant will be determined on the basis of the actual pay being drawn at the time of falling ill. In the case of re-employed pensioners, the pension should be taken into consideration along with pay for the purpose of determining the grade.

Cost of admissible medicines prescribed during these consultations is reimbursable on production of original prescriptions/cash memos.

There should be a reasonable gap between the closing of the first spell of illness from the disease and recurrence of the same disease for a second time to justify a fresh claim. Prolonged treatment should be received only at the OPDs of a Govt./recognized Hospital.

The Controlling Officer may reject any claim, if he is not satisfied with its genuineness. He may communicate the reasons for rejection and afford an opportunity to the claimant of being heard within 45 days of the date of receipt of the order.

In case of Emergency

On the advice of Specialist of CGHS/Govt. Hospital/CMO-In-Charge of CGHS Dispensary, the beneficiary is free to avail specialized treatment/diagnostic tests at any CGHS recognised Hospitals/Centres as per prescribed rates.

For non-emergency cases, CGHS beneficiaries are entitled to medical reimbursement for treatment in recognised Hospitals, subject to written permission from the competent authority. On production of permission,

the recognized Hospitals/Diagnostic Centres shall provide credit facilities to CGHS beneficiaries including pensioners, family pensioners and their dependents.

In case of emergency, the recognized private Hospital cannot refuse admission or even demand advance from the beneficiary. They shall provide credit facilities to the concerned patient on production of valid CGHS Card. Reimbursement in respect of serving CGHS beneficiaries will be made by the respective Departments.

CSIR Pensioners who are holding permanent/valid Medical Identity Card or CGHS Card with a photograph of self with dependent family members can avail OPD treatment in any of the CSIR Lab./Instt. Dispensaries, subject to the condition that any expenditure incurred on Inpatient treatment during such visit by that Lab./Instt. will be recouped by the concerned Lab./Instt./CSIR HQs., as the case may be, where the Pensioner is registered for medical facility.

Relaxation of procedures

It has been decided to do away with the procedure for verification of bills and issue of Essentiality Certificate by the treating doctor, and the Medical Superintendent of the Hospital. Authorities concerned may verify and check the authenticity of the claims on the basis of the prescription slip and diagnostic report submitted by the Govt. servant/pensioner. In the event of any doubt, they can always refer for verification.

All cases involving requests for relaxation of rules for reimbursement of full expenditure will henceforth be referred to a Technical Standing Committee (TSC) to be chaired by the DGHS/Addl. DGHS and consist of Director (CGHS) and subject matter Specialists. If the TSC recommends the relaxation of rules for permitting full reimbursement of expenditure incurred by the beneficiary, the full reimbursement may be allowed by the Secretary (H&FW) in consultation with Internal Finance Division.

A check list for consideration of requests for reimbursements in excess of approved rates may include:

- a) the treatment was obtained in a private non-empanelled 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;
- b) the treatment was obtained in a private non-empanelled hospital under emergency and was admitted for prolonged period for treatment of Head injury, coma, septicemia, multi-organ failure, etc.
- c) the treatment was obtained in a private non-empanelled hospital under emergency for treatment of advanced malignancy; (i) when there is a strike in Govt. hospitals (or) (ii) while on Official tour to non-CGHS covered area.
- d) the treatment was taken under emergency in higher type of accommodation as rooms as per his/her entitlement are not available during that period;
- e) the treatment was taken in a higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections.
- f) approval for airfare 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; and
- g) any other special circumstances.

Fixed Medical Allowance under NPS

Pensioners under "National Pension Scheme" drawing additional relief on death/disability of Govt. servant in terms of DOPW O.M.No.3841/06/P&PW(A) dated 5-5-2009 and staying in areas not covered by CGHS/corresponding health scheme of other Ministries can get a pensioners' Medical Card by paying appropriate amount in the nearest CGHS/corresponding health scheme of other Ministries covered city to their residence to enable them to obtain indoor treatment. They are also entitled to draw Fixed Medical Allowance as fixed by the Govt. As and when the Health Insurance Scheme is introduced, the NPS Pensioners would be shifted to such Scheme.

Annual Medical Examination

Group A Officers of CCS/Posts above the age of 40 years will be covered by the Annual Medical Check-up Scheme at the following package rates: (i) Men Officers: Rs.2,000/- (ii) Women Officers: Rs.2,200/-

Consultation with Specialist

If the AMA is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may refer the patient to a Specialist or Officer or if the patient is too ill to travel, summon such Specialist/Medical Officer to attend upon the patient.

Permission for procedures

The recommendation of a specific treatment/investigation procedure by Govt./CGHS/CMO-in-Charge is in itself adequate for issuing permission and an endorsement "referred to CGHS recognized/approved centre" is neither necessary nor to be insisted upon for grant of permission.

Treatment in r/o special diseases

A Central Govt. servant or a member of his family may receive treatment for special diseases such as Cancer, Diabetes, Mental diseases, Poliomyelitis, Cerebral Palsy and Spastics, Tubercular diseases. Leprosy, Thalassaemia Major, at a Hospital where specialized treatment for a particular disease is available on the recommendation of Medical Superintendent of the recognized Hospital to whom the patient is referred for treatment.

In cases where a patient who has undergone treatment in a recognized Hospital for a particular disease is advised by the Medical Superintendent of the Hospital to continue certain treatment or check-ups after discharge from the Hospital, such patient may be allowed to consult and receive medical treatment directly from a Govt./recognized Hospital without consulting the AMA.

Liver Transplant Surgery

The CGHS/CS (MA) beneficiaries will have to submit their request for permission for Liver Transplant to the Standing Committee through their respective Department in case of serving employees and the Addl. Director, CGHS of the concerned city in case of pensioner. As Liver Transplant Surgery is a planned surgery, prior permission has to be obtained before the surgery is undertaken. However, if for some reason it is done in emergency to save the life of the patient, the Standing Committee shall consider the cases referred to it for recommending grant of *ex post facto* permission on case to case basis.

Ceiling rate: Rs.11,50,000/- plus pre-transplant evaluation of donor and recipient Rs.2,50,000/- The package rate for Liver Transplant Surgery involving a deceased donor shall be Rs.11,00,000/- which includes, the cost of consumables during the organ retrieval and the cost of preservative solution, etc. The package charges include:

- ✓ 30 days stay of the recipient and 15 days for the donor starting one day prior to the transplant surgery.
- ✓ Charges for Medical and Surgical consumables, surgical and procedure charges, operation theatre charges, Anaesthesia charges, pharmacy, investigations and in-house doctor consultation for both donor and recipient during the above period which includes all post-operative investigations and procedures during the above mentioned period.

and exclude:

- ✓ Charges for drugs like Basiliximab/Daclizumab, HBIG and peg Interferon
- ✓ Cross Matching charges for blood and blood products.

Note: 1. The extra stay, if any, may be reimbursed after justification by the treating specialists for the reason of additional stay only as per CGHS guidelines
 2. The drugs mentioned above would be reimbursed as per CGHS rates or actual whichever is lower.
 3. The O.M. is effective from 16-1-2013.

Treatment of Cancer

As the list CGHS, Delhi did not have any empanelled Hospitals for treatment of Cancer patients, as an *ad hoc* measure, it has been decided to permit treatment at any of the 25 Regional Cancer Centres recognized by the MOH&FW under National Cancer Control Programmes, subject to the condition that the reimbursement will be as per the rates fixed in such Centres or actual, whichever is less.

Coronary diseases

The rates of Coronary Bypass Surgery for in respect of all recognized private Hospitals have been regulated on package deal basis. No limit has been prescribed on number of bypass surgeries.

Package rate means a lump sum cost of in-patient treatment or Diagnostic procedure which includes all charges, admission, accommodation, ICU/CCU, monitoring, operation theatre, anesthesia, cost of disposables, surgical charges, surgeon's fee, related routine investigations, physiotherapy charges and medicines used during Hospitalization, etc. Package rate for CABG and Coronary Angiography includes room rent from the date of admission to the date of discharge, service charges, nursing/medical care, surgeon's and anesthetist's fee, operation theatre charge, etc. The Hospital/Centre cannot charge more than the package rate from the beneficiary.

Package rate does not include diet, cosmetics, TV charges, telephone charges, toiletry, tonics and medicines advertised in mass media, etc. Expenses over and above the prescribed rates, if any, have to be borne by the beneficiaries.

If the beneficiary is required to stay in the Hospital for recovery for more than the above period, the additional reimbursement shall be limited to room rent as per entitlement, cost of the prescribed medicines and investigations, doctors' visits (2 times a day) during additional stay.

In vitro fertilization

Reimbursement of expenses incurred on *In Vitro* Fertilization (IVF) treatment by CGHS beneficiaries and beneficiaries under CS (MA) Rules, 1944 are as follows:

- As IVF treatment is planned procedure, reimbursement cases can be considered by only if prior approval was obtained by the beneficiary for undergoing the IVF treatment;
- Requests for IVF treatment will be considered only on the basis of advice tendered by the Head of Department of Gynaecology & Obstetrics of a Govt. Medical Institution (GMI);
- Permission for IVF treatment to be undertaken may be given by the HOD in the Ministries/ Departments on the recommendations of the HOD of G&O of a GMI;
- IVF procedure will be allowed in a GMI on the recommendations of the HOD G&O of a GMI;
- IVF procedure may be allowed, on case to case basis, in a private medical institution if the Institution is registered with the State/Central Govt. and has the necessary facilities including equipment and trained manpower for carrying out the procedure. It is mandatory to obtain the recommendations of the HOD G&O of a GMI for permitting the procedure to be undertaken in a private institution;
- There should be clear evidence of failure of conventional treatment before permitting IVF treatment procedure;
- The age of women undergoing IVF treatment procedure should be between 21 and 39 years;
- The woman has to be married and living with her husband
- The IVF treatment procedure will be allowed only in cases of infertility where the couple has no living issue;
- Reimbursement of expenditure incurred on IVF procedure will be allowed up to a maximum of 3 fresh cycles;
- An amount not exceeding Rs.65,000/- 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, disposables and monitoring cost during IVF procedures;
- There will be a one-time permission for availing IVF treatment consisting of three cycles. The concerned Department shall obtain an Undertaking from the applicant that he/she has not claimed the reimbursement from the Gol in the past and will not claim in the future.

Super-imposition of another disease

Where a patient consults the same Doctor in regard to another disease during the course of treatment of one disease, such consultation should be regarded as “fresh consultation” and paid at full rate. If one or more minor treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures. Only half of actual charges quoted for the minor procedures would be added to the package charges of the first major procedure.

Treatment outside India

A Govt. servant shall be eligible to obtain medical treatment and to claim reimbursement of the cost of any medical treatment obtained inside or outside India as follows:

- Complex/high risk Cardio Vascular Surgery cases for treatment at Centres with Extensive experience
- Bone-marrow transplantation
- Complex Medical and Oncological disorders such as Leukemia and Neo-plastic conditions
- Complex high risk cases in Micro-vascular and Neurosurgery for treatment at Centres with extensive Experience
- Treatment of extremely complex ailments Other than those mentioned above which in the opinion of Standing Committee can only be treated abroad and fall in the high risk category

A Govt. servant desirous of availing of medical treatment outside India for himself or for a member of his family for treatment as specified in the rules may make an application through the Department/Ministry to which the Govt. servant is attached in prescribed form. The Standing Committee may recommend one Attendant to accompany the Govt. servant or a member of his family and the expenditure shall be reimbursable. The scale of expenditure and the eligibility for treatment shall be identical to the scale of expenditure and the eligibility of an Official of the Indian Foreign Service of the corresponding grade in the Ministry of External Affairs under any Assisted Medical Attendance Scheme.

Treatment at AIIMS, New Delhi

The CGHS beneficiaries possessing a valid card can avail treatment facilities in the All India Institute of Medical Sciences, Delhi without any prior permission. Drugs prescribed, if any, during the treatment at OPD should be obtained from concerned CGHS Dispensary on the basis of prescription. The reimbursement will be as per the entitlement and the prescribed rates of AIIMS.

Accommodation in AIIMS, New Delhi

S.No.	Pay in the Pay Band/Pension/Family Pension p.m.	Ward entitlement
1.	Up to Rs.19,530/-	General Ward
2.	From Rs.19,540/- to Rs.25,110/-	Private Ward
3.	Rs.25,120/- and above	Private Ward/Deluxe Ward

Treatment outside District/State

Central Govt. servants and members of their families may receive treatment for all diseases (other than TB, Cancer, Polio and Mental diseases) for which treatment is provided in a Govt./recognized Hospital. Even if necessary facilities for treatment are available in a Govt./recognized Hospital where the person fell ill, treatment outside the District/State can be availed. The choice of the recognized Hospital where the Govt. servant would like to avail of the treatment is left to the beneficiary himself, subject to the condition that no travel expenses will be reimbursable.

The restrictions with regard to availability in a Govt./recognized Hospital in the respective District/State and also endorsement of CMO of the State have been removed.

Treatment at residence

If the AMA is of the opinion that owing to the absence or remoteness of a suitable Hospital or to the severity of the illness, a Govt. servant may receive treatment at his residence. He shall be entitled to receive the cost of treatment as per rules. Claims for reimbursement have to be preferred within three months. Heads of Departments are delegated with powers to condone the delay, if any, in submission of claims.

Supply of medicines

Specialists of the Hospital are normally advised to prescribe formulary drugs of Medical Store Depot to the beneficiaries of CGHS as far as applicable so that immediate availability of drugs can be ensured. Further, medicines prescribed by the Specialist having identical Pharmaceuticals formulations and therapeutic values, if available in the Depot/Dispensary, the same may be issued, except otherwise marked as essential.

No reimbursement shall be admissible to the pensioners for OPD treatment at the Govt./Recognised Hospitals and the medicines prescribed by the Specialists of such Hospitals are to be procured and supplied by the Dispensaries. Medical reimbursement with regard to indoor treatment shall be admissible provided the patient is referred for Specialist treatment by the Medical Officer-in-Charge of the CSIR Dispensaries.

The pensioners and their families who reside at places where no CSIR Lab./Instt. Dispensary facilities are not available shall be eligible for the medical facilities provided by a Govt./recognised Hospital or in lieu of OPD treatment, they are eligible to draw Rs.500/- p.m.

Analogue Insulin: The following types of Insulin (analogue) penfil/vial/cartridges are permitted to be issued to the CGHS beneficiaries on valid prescription by a Specialist: (i) Inj. Novomix 30; (ii) Inj. Levemir; (iii) Inj. Novorapid; and (iv) Inj. Lantus vial/Solostar

Supply of Inj. Human Insulin (30/70) in cartridge form on valid prescription is provided without recovering any cost from the CGHS beneficiaries, including other brands of Penfil Insulin (analogue). The beneficiaries will bear the cost of the pen from their own sources for utilizing the Injection after obtaining permission from the Addl. Director (MSD) on valid prescription of Specialist on case-to-case basis, as an interim arrangement.

Special Nursing

Special nursing as certified to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient by the Medical Officer concerned and the Medical Superintendent of the Hospital in prescribed *pro forma*, limited to the amount which is in excess of 25% of the pay of the Govt. servant concerned is reimbursable. Reimbursement for Attendant charges are admissible only in cases where it is certified by the Hospital authorities that the it forms part of treatment and that the Attendant was not engaged in lieu of "Special Nursing".

Nurse and Ayah/Attendant charges

The daily rate payable per shift of 12 hours are: Special Nurse: Rs.150/- and Ayah/Attendant: Rs. 75/-. The Head of Office has been delegated with the power to reimburse Ayah/Attendant charges of up to the ceiling limit of Rs.2000/- for the period of stay as Indoor patient in the Hospitals recognized under the State Govt./CGHS Rules/CS (MA) Rules, 1944 on submission of a Certificate from the Medical Superintendent of the Hospital.

Engagement of Ambulance

The doctor treating the patient certifies in writing that conveyance of patient by any other mode would definitely endanger the patient's life or would grossly aggravate his/her condition; and that the journey is undertaken within the same city.

Domiciliary Rehabilitation Medicine

Domiciliary (home-based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health. It is justified as such persons find ambulation practically impossible or are significantly dependent on care-giver or the cost of visiting the Hospitals become higher than the cost of treatment given.

The following allied health services need to be consider for domiciliary care: (i) Physiotherapy; (ii) Occupational Therapy; and (iii) Speech Therapy (for patients of stroke/head injury).

The decision for the above care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR Specialist. In case of non-availability, the treating Govt. Specialist having allopathic Post-graduate qualification in Ortho/ Neurology/Neurosurgery/ENT may allow such benefits following the specific prescription criteria for the following conditions:

- ▽ Orthopaedic disorders: Post-joint replacement surgery in acute phase; Physiotherapy up to two weeks, post-discharge.

▽ Neurological disorders (for up to six weeks):

- Post-stroke: Occupational Therapy (OT), Physiotherapy (PT) and Speech Therapy (ST);
- Traumatic brain injury: OT, PT and
- Gullian-Barre Syndrome: OT and PT;
- Spinal cord injury with significant disability/deformity: OT and PT; and
- Motor neuron disease: OT, PT and ST.

▽ Locomotor disabilities, with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Govt. Specialists by certified care-giver. Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational therapist (duly qualified diploma/degree holder).

The prescription for home-based rehabilitation programme should include the following descriptive specifics:

▽ The therapy to be used --

- Electrotherapy;
- Active Exercise Therapy;
- ADL Training;
- Speech Therapy;
- Gait Training, and
- Passive Exercises

- ▽ The technical person required to institute the therapy;
- ▽ The frequency of the therapy required by the patient; and
- ▽ Duration of the therapy programme.

The following rates may be reimbursed:

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|--------------------------|----|---------------------------------------------------------------------------------------|
| ✓ Physiotherapist | .. | Max. of Rs.300/- |
| ✓ Occupational Therapist | .. | Max. of Rs.300/- |
| ✓ Speech Therapist | .. | Max. of Rs.300/- |
| ✓ Certified Care-Giver | .. | Max. of Rs.150/- or Rs.3,000/- per month for long term requirement, whichever is less |

- ✓ No reimbursement to be allowed for the purchase/hiring of therapy equipment/devices.

Dental treatment

Dental treatment is not covered under these rules. However, if the diagnosis of the physiological or other disability from which a Govt. servant is suffering indicates that teeth are the actual source of problem, dental treatment of a major kind such as treatment of jaw bone disease, removal of all the teeth, removal of odontomes and impacted wisdom tooth, gum boils, etc. is reimbursable.

Expenses incurred by Central Govt. employees in connection with the following types of dental treatment obtained at Govt. recognized Hospitals are reimbursable: (a) extraction (b) scaling and gum treatment (including Pyorrhea and Gingivitis) (c) filling of teeth (d) root canal treatment. Reimbursement of expenditure for complete Denture with a ceiling of Rs.2000/- (Denture of one Jaw would be Rs.1000/-) is admissible on one time basis.

Artificial appliances

Reimbursement of the cost of various artificial appliances including the cost of Heart Pace Maker and replacement of the pulse generator, cost of replacement of diseased heart valves, artificial electronic larynx, hearing aid is admissible. In such cases, the administrative authority shall make payment direct to the supplying agency.

The Cost-ceiling for Coronary Stents and other Appliances have been given in Annexure-III.

Cost of boot (shoe) in case of patients is reimbursable only after three years for a maximum limit of 3 times. Repairs and adjustments where necessitated under the advice of the Medical Specialist should be got done at the recognized centres. It has to be ensured that the cost of repairs/adjustment of appliances is less than the cost of replacement.

Replacement of Hearing Aid is permitted after 5 years on the basis of a condemnation certificate from a technical expert and on approval of an ENT Specialist. Reimbursement of cost of artificial appliances is allowed only when these are certified as essential by a Specialist in the Hospital.

Claims for Reimbursement

Tests at private Institutions: Reimbursement of the charges paid to private practitioners/institutions for undertaking skiagrams, electric therapy, bacteriological, pathological examinations, etc. on the advice of the AMA owing to non-availability of the facility at a Govt. Hospital is permissible with the prior consent of the Director of Health Services/Chief Administrative Medical Officer.

Blood and transfusion charges: Cost of Blood and transfusion charges paid to a Govt. institution or any other local organization recognized by the State Govt. of blood are refundable, provided that it is certified by the treating Doctor (AMA) that the supply of blood was not available in the Hospital, and that the price paid was reasonable.

Testing of eye-sight: Govt. servants may get their eyesight tested for glasses at a Govt./recognized Hospital once in three years on the recommendation of the AMA. Fee paid to the Specialist for such services will be reimbursed according to the scheduled rates prescribed in the concerned State. Expenses towards correction of squint (eye) are reimbursable. There is no provision for reimbursement of cost of spectacles. The members of families are not entitled to the facility for testing of eye sight for glasses.

Other Medical facilities: Charges which were not included in medical attendance/ treatment under these rules shall be determined by the AMA and paid by the patient.

Keeping in view the inconvenience faced by the beneficiaries in submission of prescription in original while claiming reimbursement, it has been decided to relax the above condition and to allow a self-attested photocopy of the medical prescription to claim reimbursement without a permission letter issued from the Department concerned.

In-patient treatment

A Govt. servant can receive treatment in a Hospital where he is ordinarily entitled to receive treatment under the rules as an in-patient for himself and members of his family without consulting his AMA. While claiming reimbursement, a Certificate should be produced from the Medical Superintendent of the Hospital that the facilities provided were the minimum and were essential for the patient's treatment. If a Central Govt. servant or family member suffering from an infectious disease receive in-patient treatment in a Govt. Infectious Diseases Hospital situated at a place where the Govt. servant is entitled to receive medical attendance and treatment.

Cases of medical treatment requiring Hospitalization will normally be referred to a Govt./recognized Hospital by the AMA for admission. If Hospitalization is not considered necessary but treatment is expected to be prolonged, a patient should be referred to the OPD of a Govt./recognized Hospital. Charges levied, if any, are reimbursable.

The average stay in a Hospital as an in-patient should be reckoned as **two** weeks. Any Hospital stay beyond **three** weeks is treated as prolonged stay. Prolonged treatment is defined as "a case of single and continuous spell of illness which requires either more than 4 consultations/ visits within a period of 10 days from the date of commencement of treatment or more than a course of 15 injections."

Even in emergency, Hospitalization in Nursing Home/Clinic of AMA is not admissible. However, treatment at the Consulting room of AMA is permissible.

A Govt. servant and members of family are entitled to treatment in such Govt. Hospital at or near the place where the patient fell ill. If there is no such Hospital other than Govt. Hospital at or near the place which provides treatment free of charge. Permission can be granted to such employees to obtain medical services from any of the private Hospitals recognized under CGHS.

Heads of Department are empowered to use their discretion in reimbursement of medical claims in relaxation of rules in respect of treatment taken in private Hospitals/medical institutions without any distinction between private Clinics/Nursing Homes. Reimbursement can be allowed up to the extent admissible without any overall ceiling; but this is subject only to individual itemwise prescribed ceiling.

In the absence of prescribed rates

The claims for reimbursement of charges of treatment/examination, etc. for which no corresponding rates are not available in the nearest Govt. Hospitals for regulating such claims may be reimbursed by (a) restricting such claims to the rate of Govt. Hospitals in the concerned State, and (b) where such rates/facilities are not available in the concerned State, full reimbursement of such charges may be made on the certification of the Director of Health Services of the concerned State.

Admissible/Non-Admissible items

The CGHS Package Rate means and includes 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):

- ≈ Registration charges
- ≈ Admission charges
- ≈ Accommodation charges including patient's diet
- ≈ Operation charges
- ≈ Injection charges
- ≈ Dressing charges
- ≈ Doctor/Consultant visit charges
- ≈ ICU/ICCU charges
- ≈ Monitoring charges
- ≈ Transfusion charges
- ≈ Anaesthesia charges
- ≈ Operation theatre charges
- ≈ Procedural charges/Surgeon's fee
- ≈ Cost of surgical disposables
- ≈ Cost of medicines
- ≈ Related routine and essential investigations
- ≈ Physiotherapy charges, etc.
- ≈ Nursing care and charges for its services

During In-patient treatment of the CGHS beneficiary, the Hospital cannot ask the beneficiary or his/her attendant to purchase separately the medical/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.

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 are applicable

Cost of Implants/Stents/Grafts is reimbursable in addition to package rates as per CGHS ceiling rules for implants/stents/grafts or as per actual, in case there is no CGHS prescribed ceiling rate.

The package rate wherever given is for treatment in Semi-private ward. For Private Ward, there will be an "increase" of 15% and for General Ward there will be a "decrease" of 10%. For investigations and treatment procedures for which admission is not required, the rates will be same for all categories.

Package rate envisages up to a maximum duration of indoor treatment as follows:

- Specialized/Super Specialties) treatment	...	12 Days
- Other Major Surgeries	...	7 Days
- Laparoscopic surgeries/normal deliveries; and	...	3 Days
- Day-care/Minor (OPD) surgeries	...	1 Day

- 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, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, and doctor's visit charges (not more than 2 visits per day per visit by Specialists/Consultants) and cost of medicines for additional stay will be admissible, provided the medical records and duly certified by the Hospital.

- No additional charge on account of extended period of stay shall be allowed, if that extension is due to infection on the consequence of surgical procedure or due to any improper proceed.

Status of Medical Reimbursement on Certain Eventualities

The status of medical reimbursement on certain eventualities in the course of service of a Govt. servant is detailed hereunder:

S.No.	Status/Event	Entitlement
1.	Dies non	Entitled
2.	Suspension	Entitled
3.	Study leave	Entitled
4.	Foreign service/Deputation abroad	Entitled from foreign employer
6.	Special leave abroad	Entitled depending upon the purpose
6.	Voluntary/training/embodiment in the Territorial Army/Military service during emergency	Entitled
7.	While abroad leaving behind family in India	Entitled (subject to conditions)

Insurance claims

The beneficiaries under CGHS and CS (MA) Rules, 1944 who have subscribed to “Mediclam” or similar other policies from an Insurance Agency were permitted to claim reimbursement of the medical expenditure from both the sources, viz. the Insurance Agency and CGHS and Ministries/Departments, subject to the condition that the reimbursement from the two sources would not to exceed the package rates prescribed under the CGHS for the particular treatment.

The beneficiary will make the first claim to the Insurance company and the second claim to the CGHS or the Ministry/Department concerned. The medical claim against original vouchers/bills would be raised by the beneficiary first on the Insurance company which would issue a Certificate indicating the amount reimbursed to the Director, CGHS or Head of Department concerned.

The Insurance company concerned will retain the original vouchers in such cases. The beneficiary would then prefer his/her medical claim along with photocopies of vouchers/bills duly certified, in ink, along with stamp of the company on the reverse of the vouchers to the concerned organization.

Reimbursement from CGHS, etc. will be restricted only to the admissible amount as per approved package rates, subject to the condition that the total amount reimbursed by the two organizations does not exceed the total expenditure incurred by the beneficiary.

Grant of advances

Application for advance should be supported by a Certificate that the patient is being treated indicating the duration of such treatment and the anticipated cost. Advance limited to Rs.10,000/-, or such other amount as the Medical Officer-in-charge of the patient may recommend whichever is less would be admissible when a Govt. servant or a member of his family is being treated (a) as an in-patient in a Hospital (b) as an out-patient in the case of TB/Cancer. A second advance can also be granted at the discretion of the Head of Office not exceed Rs.10,000/- including the first advance. Advance can also be granted for purchase/ replacement of artificial appliances.

If an advance is requested by the Govt. servant or on his/her behalf of spouse/legal heir, it will be paid direct to the Hospital concerned on receipt of an estimate from the treating Physician/Medical Superintendent of the Hospital. Settlement of advance will be through subsequent claim for reimbursement as admissible under CS (MA) Rules, and balance, if any, recovered from the pay/leave salary of the Govt. servant in not more than four equal monthly installments. In case of prolonged treatment, reimbursement of medical expenses may continue to be allowed to Govt. servants to the extent admissible, and the advance in such cases need not be adjusted within one month as in the above case, if it is certified by the Medical Officer-in-charge.

Heads of Office are empowered to grant advances to Central Govt. servants to enable them to initially meet the expenditure on medical attendance and treatment for themselves and their family members. Advances are admissible to all Govt. servants irrespective of their pay, subject to fulfilment of certain conditions. Temporary Govt. servants can be granted medical advance on providing necessary surety from a permanent Govt. employee. The limits prescribed for grant of advance for medical treatment are given hereunder which are yet to be revised:

S.No.	Nature of treatment	Limitations
1.	For indoor treatment in a Hospital and out-patient treatment for diseases like Cancer, etc. where the duration of treatment is 3 months or less	Rs.10,000/- or the amount recommended by the Physician whichever is less.
2.	In case of TB where the duration of treatment is more than 3 months	Limited to 80% of the estimated cost or Rs.36,000/- whichever is less
3.	Major illness of Bypass surgery/Kidney/Cancer including Acute Myeloid Leukemia/chronic Active Hepatitis, Subset of Hepatitis-B	Limited to 90% of the package deal wherever exists or according to the estimate submitted by the Govt./ recognized private Hospital.

Travelling Allowance

When the place at which a patient falls ill is more than 5 miles (8 Km.) by the shortest route from the consulting room of the AMA, the patient shall be entitled to TA for the journey to and from such consulting room. If the patient is too ill to travel, the AMA, Specialist AMA, shall be entitled to TA for the journey to and from the place the patient. However, Compounders/Lab. Assistants are not eligible for TA. Claims for TA shall be accompanied by a certificate by the AMA.

The CGHS beneficiaries are not entitled for grant of conveyance charges when they are referred to Specialists/Hospitals within the city. Since CSIR Dispensaries are equated with CGHS, no conveyance charges shall be payable to CSIR employees or their family members including pensioners on their referral for treatment as an Out-patient in recognized Hospitals in the same city, even if the distance involved is more than 8 km.

Relief from CSIR Welfare Fund

The Scheme for providing financial assistance to the CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized Hospitals over and above the amount admissible under CS (MA) Rules, 1944/CGHS Rules from CSIR Welfare Fund has been extended for a further period of three years up to 13-12-2009. ???

As per rules, the medical expenses in respect of the treatment taken in the private recognised Hospitals for major illness like kidney transplant, coronary by-pass surgery, heart transplant, chemotherapy, brain surgery, etc. are restricted to the ceilings fixed by the Gol. As the cost of treatment actually charged by the Hospitals is very high in comparison with the ceilings fixed under the rules, the additional expenditure will be met from Welfare Fund of CSIR on case to case basis.

The rates of financial assistance from CSIR Welfare Fund for reimbursement of medical expenses incurred by them for undergoing treatment for major illness in private recognized Hospitals over and above the amount admissible under CS (MA) Rules, 1944/CGHS to the extent of 75% of expenses incurred over and above the admissible amount, subject to maximum of Rs.2.00 lakhs in case of treatment of self; and 50%, subject to a maximum of Rs.1.00 lakh in respect of dependent family member.

Special dispensation in CSIR

In CSIR system, the DG has been empowered to settle the cases of reimbursement of medical expenses in respect of expensive procedures like BMT, Cardiac defibrillator, Carotid stents, or involving usage of costly equipment/instrument/implant, etc. while undergoing treatment at a Govt./private recognized Hospital (CGHS/CSIR) outside the notified list under CS (MA) Rules, 1944/CGHS for which no rates are available either under CS (MA) Rules/CGHS or AIIMS. This is subject to the condition that the treatment is obtained with the prior permission of the Medical Officer-in-Charge of CSIR Dispensary and/or the Director of the Lab./Instt. except in the case of emergency, as the case may be.

Reimbursement of cost of OPD medicines

The DG, CSIR, in his capacity as Chairman GB, CSIR has approved reimbursement of the cost of OPD medicines for treatment in post-operative conditions in serious diseases in accordance with MH&FW O.M. F.No.10001/2000/JD/R&H/CGHS/CGHS(P) dated 30-4-2001 to the CSIR pensioners who are not getting OPD facilities from CGHS/CSIR Dispensaries at the following cases:

- ✓ Post-operative cases of major Cardiac surgery/Cardiology/Oncology cases
- ✓ Post-operative Organ transplant cases
- ✓ Post-operative Joint replacement cases
- ✓ Post-operative Major Neurosurgical/Neurology cases

Cashless Medical Facility for CSIR Pensioners

The DG, CSIR has been pleased to allow cashless medical facilities for indoor treatment to CSIR pensioners, serving employees and their dependant family members, provided:

- CGHS recognized Hospitals should be willing to extend such a facility.
- The recognized Hospitals should be willing to provide treatment on CGHS approved rates. In case of any difference in rates, the rates specified by the Hospital over and above the CGHS prescribed rates should be charged from the pensioners/ employees by the Hospital.
- The Lab./Instt. may enter into a Memorandum of Understanding with the CGHS recognized Hospitals to provide this facility as per terms mentioned at (b) above.

Casual workers with temporary status

Medical facilities as available in the CSIR Dispensaries can be availed by the Casual/Dailywage workers who are conferred with Temporary Status, subject to the condition that no reimbursement of medical expenses would be admissible to them. However, their family members are not entitled to such facility.

Reimbursable and Non-Reimbursable Diagnostic and Other Procedures

I. Reimbursable Items:

S.No.	Diagnostic test	Remarks
1.	Thalassaemia Major	Treated as one of the major diseases for treating as an In-patient/Out-patient For rehabilitation/post-treatment/check-up. Patient can consult directly a Govt./recognised Hospital without consulting AMA/State Medical Officer.
2.	Skiagrams; Electric therapy; Bacteriological/pathological tests	Reimbursable
3.	Diet charges: - For free diet, the pay of GS should not exceed Rs.7,450/- In case of TB/Mental diseases, Cancer, HIV/AIDS, Renal Dialysis and Thalassaemia, the pay limit is Rs.11,160/-	- Where the Hospital charges a flat rate which includes diet, accommodation, ordinary nursing, medical and surgical services, and also in respect of Military or recognized factory Hospitals: 20% of the flat charges will be reckoned as diet charges; - Where it includes diet, accommodation and ordinary nursing only: 50% of the charge will be reckoned as diet charges.
4.	Blood	If non-availability is certified by the treating Doctor
5.	Transfusion charges	Admissible, if done at other than at Govt. Hospital
6.	Hearing Aids: Body-worn/Pocket type Rs. 2,500/- Analogue BTE Rs. 7,000/- Digital BTE Rs.20,000/- ITC/CIC Rs.25,000/-	On the recommendation by a Govt. ENT Specialist on the basis of audiometric and audiological assessment. Type of hearing aid most suited for the beneficiary to be specified. Replacement after 5 years on condemnation by a Technical Expert and on approval of a Govt. ENT Surgeon. Cost of Analogue BTE/Digital BTE/ITC/ CIC type hearing aid includes the cost of ear mould Cost shall include all taxes including VAT and shall carry "3 years warranty"
7.	Cochlear Implants .. Rs.5,35,000/-	With 12 channels/24 electrodes with behind the ear speech processor (Unilateral implantation only). Prior permission is needed.
8.	Prolonged treatment	Only at OPD of a Govt./recognized Hospital
9.	Administering Injections	Up to 15 at Consulting room; beyond 15 at OPD of a Hospital
10.	Travelling expenditure	TA admissible to patient/AMA, if the place of illness is more than 8 Km (but not within the city) but not to Compounders/Lab. Assistants
11.	Specialist consultation	On the recommendation of AMA
12.	Testing of eyesight for glasses	Only to GS; once in 3 years
13.	Intra-Ocular Lenses: Hydrophobic foldable IOL: Rs.5,000/- Silicon foldable IOL: Rs.3,600/- Hydrophilic Acrylic Lens: Rs.5,800/- PMMA IOL: Rs. 490/-	---
14.	Non-entitled accommodation in a Hospital	On the certification of Medical Superintendent
15.	Electrical lighting, fan charges	Reimbursable, if they form part of accommodation charges
16.	Injections at AMA's Consulting room	Injection charges admissible
17.	Treatment taken outside the District/ State for TB, Cancer, Poliomyelitis, Mental diseases	Admissible
18.	Consultation and medicine charge for Immunizing and Prophylactic	For treatment of communicable diseases
19.	Vaccination for Hepatitis B, Influenza and Leprovac for high risk individual	On the recommendation of a Specialist and on countersigning by HOD of concerned Speciality of Govt. Hospital

20.	Treatment at residence	If the condition is serious
21.	Anti-rabic treatment	Reimbursable
22.	Specialized treatments: Heart, coronary diseases, kidney, cancer, venereal diseases, delirium tremens, sterility, sterilization, medical termination of pregnancy, post-operative care, etc.	As per package deal.
23.	Oxygen Concentrators, CT Scan, post-operative care of kidney donor, Intra-Ocular Lens implantation Conventional cataract operation	- On the recommendation of the In-charge of the Respiratory or ICU of the Govt. Hospitals in prescribed <i>pro forma</i> - Up to Rs.200/- in case of conventional operation of cataract
24.	General debility or secondary anaemia	Reimbursable
25.	Dental treatment such as jaw bone disease, removal of all the teeth, removal of odontomes, impacted wisdom tooth, gum boils, etc.	If the physiological or other disability indicates that the teeth are real source of problem.
26.	Extraction, scaling & gum, filling of teeth, root-canal treatments	Reimbursable
27.	Complete denture	Up to Rs.2000/- -- one time
28.	One Jaw (denture)	Up to Rs.1000/- -- one time
29.	Heart Pace Maker, pulse generator, heart valves, electronic larynx, hearing aid.	Payment will be made direct to the Hospital/supplier
30.	Cost of boot (shoe)	Once in 3 years (max. 3 times)
31.	Sales tax	On special medicines
32.	CAPD Fluids, Y-Set, Transfer set, Mini-Cap and related items	On the advice of Specialist/Govt./recognized Hospital. With prior permission of Dept., GS may purchase for one month at a time and claim reimbursement. Utilization Certificate should be submitted.
33.	Pathological tests	If not available at Govt. Hospital
34.	Physiotherapeutic/Occupational therapeutic treatment	If not available at Govt. Hospital
35.	Venereal diseases	Reimbursable
36.	Delirium tremens	Reimbursable
37.	Sterility	Reimbursable
38.	Sterilization	Reimbursable
39.	Medical termination of pregnancy	Reimbursable
40.	Cost of spectacles	For conventional cataract operation only
41.	Treatment at the Consulting room of AMA.	Permissible
42.	Supply of vitamins, minerals and anti-oxidants	Restricted to prevalent CGHS formulary only

II. Non-Reimbursable Items:

1.	Treatment at AMA's Nursing Home even in emergency
2.	Cottage booking fee, admission fee, <i>Dhobi</i> charges
3.	Air-conditioning/heater charges
4.	Treatment by a Dentist, Oculist
5.	Dental treatment as such
6.	Foods, diet charges, tonics,
7.	Toilet preparations, disinfectants, napkins, talcum powder, mouth fresheners
8.	Treatment by private Dentist
9.	Treatment by Oculist
10.	Telephone charges
	Product manufactured/marketed as food supplement cosmetics and <i>Ayurvedic</i> preparation prescribed by Allopathic doctors will be inadmissible.
11.	Vaccines in general
12.	Hospitalization in Nursing Home/Clinic of AMA is not admissible even in emergency.
12.	Packing & Postage charges on medicines

Determining dependency on Govt. Servant

S.No.	Nature of relationship	Remarks
1.	Wife/Husband Judicially separated wife	Condition of dependency is not applicable in case of husband or the wife. In case of spouse employed in an organization where medical facilities are provided or fixed medical allowance is given, he/she can prefer claim from only a single organization, according to their status or preference. -- Judicial separation does not dissolve marriage and even a judicially separated wife continues In law to be a wife. Irrespective of the fact whether receiving maintenance allowance or not. In case of judicially separated wife and dependent children, medical expenses in respect of these children allowed husband/wife whoever prefers the claim till the question of Guardianship is decided by the Court of Law.
2.	Parents (excluding step-parents), Step-mother, Adoptive parents	In case adoptive parents are included, Real Parents are not eligible
3.	Parents-in-law	A female Govt. servant can choose between her parents and Parents-in-law
4.	Sons	Till start earning (criteria given elsewhere) or attains 25 years of age whichever is earlier
5.	Married son	Ineligible even if he is below 25 years of age
6.	Permanently disabled son	Defined disabilities: Blindness; Low-vision; Leprosy-cured; Hearing impairment; Locomotor disability; Mental retardation; and Mental illness; and also includes 80% or more of one or more disabilities such as autism, cerebral palsy, mental retardation or a combination of any two or more of such conditions.
7.	Son suffering with Schizophrenia	Suffering from 40% or more of Schizophrenia, provided they are financially dependent and is residing with the CGHS beneficiary. This is subject to his continuing to suffer from the disabilities. Disability Certificate to be submitted once in 5 years.
8.	Daughters Widowed/Divorced Separated daughters	Till start earning or get married whichever is earlier
9.	Children legally adopted children/ Step-children/ Wards (under "Guardians & Wards Act, 1890)	On giving same status as that of a natural born child through a special 'Will'
10.	Sisters/Widowed sisters	Dependency and residential conditions with the CGHS beneficiary will continue to apply
11.	Minor children of widowed/separated daughters	Up to the age of becoming major (18 years)
12.	Minor Brothers	Up to the age of becoming major (18 years)

Cost-Ceiling for Coronary Stents and other Artificial Appliances

S.No.	Name of appliance	Cost-ceiling (or actual whichever is less)	Remarks
1.	Coronary/Vascular Stents Drug Eluting Coronary Stents: i) All DCGI and FDA approved Drug Eluting Stents ii) All DCGI and CE approved Drug Eluting Stents iii) All DCGI approved Drug Eluting Stents Bare Metal Coronary Stents: i) Stainless steel stents ii) Cobalt stents: a) All DCGI and FDA approved b) All DCGI and CE approved c) All DCGI approved iii) Coated/other stents Bare Metal Vascular (Non-Coronary) stents: i) Stainless steel stents ii) Cobalt stents iii) Nitinol/other stents	Rs. 65,000/- Rs. 50,000/- Rs. 40,000/- Rs. 12,000/- Rs. 20,000/- Rs. 18,000/- Rs. 15,000/- Rs. 25,000/- Rs. 20,000/- Rs. 20,000/- Rs. 22,000/- Rs. 25,000/-	A maximum of three Coronary Stents (of which not more than two are drug eluting stents) shall be permitted on the advice of Govt. Specialist of which not more than two shall be of Drug Eluting Stents (DES). However, DES shall be permitted only for patients where re-stenosis will involve high risk to patient's life, i.e., (a) Osteal/ Proximal LAD lesions; (b) Stenosis of a Coronary artery which is given collaterals to another blocked artery, thus supplying a large area of myocardium; and (c) Stenting of re-stenotic lesions after previous angioplasty. Quote the Batch number and enclose the outer pouch of the Stent packet along with the sticker on it on which details of the stent are printed for reimbursement.
2.	Rotablator	Rs. 50,000/-	Or the actual cost whichever is less
3.	Pacemaker - single chamber (without rate response)	Rs. 37,500/-	Or the actual cost whichever is less
4.	Pacemaker - single chamber (with rate response)	Rs. 65,000/-	Or the actual cost whichever is less
5.	Pacemaker (dual chamber)	Rs.1,15,000/-	Or the actual cost whichever is less
6.	Knee implant	Rs. 60,000/- +	Rs.5,000/- towards cost of bone cement
7.	Hip implant	Rs. 35,000/- +	Rs.5,000/- towards cost of bone cement
8.	Hearing aid - One sided	Rs. 10,000/-	---
9.	Hearing Aid - Bilateral	Rs. 20,000/-	---
10.	Digital Hearing aid	Rs. 30,000/-	(a) Moderate to severe sensory neural hearing loss with aided speech discrimination score which cannot be improved to 70% by use of analog hearing aid; and (b) sharply sloping audiogram seen on Pure tone Audiometry, inverted V audiogram or U-shaped audiogram involving 200 Hz. Factors like age, educational/work requirement and bilateral congenital losses to be taken into consideration. Condemning authority: Service Engineer of the authorized Hearing Air Centre/ Dealer to be countersigned by the ENT Surgeon of a Govt. Hospital.
11.	Nebulizer	Rs. 3,000/-	Or the actual cost whichever is less. The average life is expected to be 5 years. Replacement on condemnation by the treating Physician/ Specialist

12.	Pulse generator		---
13.	Diseased heart valves		---
14.	Artificial electronic Larynx		---
15.	Cost of boot (shoe)		Repairs and adjustments which should be less than cost of replacement should be got done at recognized centres to be undertaken under the advice of the Medical Specialist.
16.	CPAP machine BIPAP machine	Rs. 50,000/- Rs.1,00,000/-	Request may be considered on the following conditions: i) individual request for permission/ <i>ex post facto</i> approval should be considered by a Screening Committee consisting of DDG (M), Directorate of GHS and two Medical Specialists in the concerned field; ii) request should be accompanied by copies of Sleep Lab. Report and all basic investigation reports; iii) beneficiary concerned will have to submit an affidavit for return of the machine to the Department concerned after its utility is over; and iv) the maximum ceiling limit will be: CPAP machine Rs.50,000/- and BIPAP machine Rs.1.00 lakh. The machine shall be provided once in a lifetime to a particular beneficiary. The responsibility for maintenance shall lie with the beneficiary.
Neuro-Implants:			
17.	DBS Implant (including MER) Prescribing Authority: Neurologist of a Govt. Hospital	Rs.3,46,153 + VAT Rs.13,847 (Rs.3,60,000) Cost of battery: Rs.2,40,385 + VAT Rs.9,615 (Rs.2,50,000)	Life of battery: 3-5 years
18.	Intra-theal Beclofen Pump, Intra-theal Morphine Pump, Spinal Cord Stimulator Prescribing Authority: Any two Govt. Specialist of concerned Specialty/Head of Department of Neurology/Neuro-Surgery/Anaesthesiology	Rs.2,51,923 + VAT Rs.10,077 (Rs.2,62,000) Intra-theal Infusion pump: Rs.2,16,346 + VAT Rs.8,654 (Rs.2,25,000)	Life of battery: up to 7 years Recurring expenditure on Beclofen and Morphine as per rules applicable to OPD medicines
19.	Spinal Cord stimulators	Rs.2,51,923 + VAT Rs.10,077 (Rs.2,62,000) Cost of battery: Rs.1,92,308 + VAT Rs.7,692 (Rs.2,00,000)	Life of battery: 3-5 years
Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification provided by the treating specialist on case to case basis by the DH&FW. Warranty for two years from the date of implantation with free replacement, if battery failure or malfunction of device is reported.			
The prices shall remain in force till 31-3-2008 and in case of any fall in prices, the company shall charge at lowered rates.			
Approving authority: CGHS: Addl. Director of the concerned city. Under CS (MA) Rules: DDG (M) or equivalent level Officer of Directorate of General of Health Services			