

CGHS BENEFICIARIES WELFARE ASSOCIATION OF INDIA

CGHS CIRCULARS 2023

THE BOOK
INCLUDES
ALL THE
CIRCULARS
ISSUED BY
CGHS
FROM
1/1/2023
TO
31/12/2023

2024

COMPILED BY:

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FOREWARD

CGHS issues many circular 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 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 .Earlier I Have compiled following books on circukars. The link of these books is given below. This book is in series of these books for circulars issued during the year 2023.

1. CGHS CIRCULARS 2011-2020 <http://tinyurl.com/y3tmzurh>
2. CGHS CIRCULARS 2021-2022 <https://tinyurl.com/5n8wcme3>

Link of my other books is also given below :

3. HANDBOOK OF CGHS <https://tinyurl.com/22cmxbvn>
4. Frequently asked Questions and Answers on CGHS <https://tinyurl.com/2muw34u4>

The book helps to beneficiaries to look for any circulars by number date or subject. Hope book will be useful to beneficiaries .

Regards
Chandra Kant Bapat
National co-ordiantor
CBWAI

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GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI
UDAYAN VIHAR, NARANGI GUWAHATI- 781171
IMPORTANT CIRCULAR

No. AN/III/MED/Orders/Misc./Vol -I

Date: 09/01/2023.

To,

All Sections of Main Office.

All Sub-offices (As per standard list).

Subject: Reimbursement of Medical Claim: Non Adhering to CGHS rules regarding endorsement of MO/CMO of CGHS and/or permission by the Department for test and investigation

Please find enclosed copies of the GOI MH&FW OM No Z.15025/117/2017/ DIR/ CGHS/ ESH_ dated 15/01/2018 as amended by OM no Z 15025/64/2018/DIR/CGHS dated 31/07/2018 and Z.15025/117/2017/DIR/CGHS/EHS dated 10/12/2018 for information and strict compliance please.

In this connection, it is noted that while availing CGHS facilities by the beneficiaries, the standard guidelines and instruction on the subject are not being followed

As per Para (i) of MH&FWO dated 15/014/2018 which states that “ All CGHS beneficiaries (in all CGHS Cities) shall be permitted for seeking OPS consultation from Specialist at private hospitals empanelled under CGHS after being referred by any Medical Officer /CMO of CGHS wellness Centre the referral may be mentioned on computer generated Prescription Slip . After consultation at empanelled hospitals beneficiaries shall report back to concerned wellness centre, where MO/CMO would endorse listed investigation/listed treatment procedures and issue medicine 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 pension beneficiaries. Serving employees shall seek permission for unlisted investigation/treatment procedure from their department as per prevailing guidelines.

In view of the above it is stated that while submitting CGHS reimbursement claim due procedure shall be followed by the beneficiaries so that claim can be processed without returning to the beneficiaries.

(Ruby Bose)

Sr. Accounts Officer

(39T/T IL) /(AN-IID)

CGHS CIRCULARS 2023

F.No. 55-01/2016-17/CGHS/MSD/ALC/Part1
(efile 3140051)

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

Dated the 13th February, 2023

OFFICE MEMORANDUM

Subject: Regarding guidelines for streamlining the supply of indented medicines by Authorized Local Chemists

With reference to the subject matter, the following guidelines are being issued, for strict compliance by all concerned in CGHS and Authorized Local Chemists who shall be empanelled afresh w.e.f 01/04/2023 or earlier and existing ALCs who have been allowed to continue beyond 1/04/2023 due to any reason:

All ALCs are required to stamp "CGHS supply not for sale" on every medicine strip, pack, flap, bottle, tube, sachet, vial supplied to CGHS with indelible (non-erasable) ink on every medicine strip, pack, flap, bottle, tube, sachet, vial supplied to CGHS. CMOs I/C shall check the on-line indent before submission to ALC, to ensure that non-permissible items and items that are available in the Wellness Centre, are not indented. In case a medicine has been wrongly supplied by the ALC (in terms of strength, excess quantity, substandard quality, stolen and/or substitute medicine (either one condition or a combination of conditions)), it shall be returned back to the chemist by CMO I/C, with remarks in the online and physical voucher.

PBG shall be forfeited in case of any ALC exiting midway through the contract, irrespective of whether or not a notice has been given.

The penalty has been increased for delay in supply/non-supply from the existing Rs 100/- per item per day (irrespective of number of patients for whom the delay has occurred) to Rs.100/- per item per day per patient. In case full quantity of an indented medicine has not been supplied the next day by ALC, the remaining medicines shall not be re-indented the next day, as in the absence of patient, this falsely increases patient count and ALC is spared of penalty for delayed supply. The ALC on his own shall supply the remaining medicines at the earliest and penalty for each day of delayed supply shall be levied on the ALC.

Tampering the printed MRP of manufacturer by ALC by use of sticker or by any means will not be accepted and the item shall be rejected.

This issues with the approval of competent authority.

Signed by Anjana Rajkumar

Date: 13-02-2023 10:31:51

Anjana Rajkuma

Director CGHS

CGHS CIRCULARS 2023

File No. 1-1/22-23/CGHS/MSDI/3570884/2023

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
महानिदेशालय, के.स.स्वा.यो.
निर्माण भवन, मौलाना आजाद रोड, नई दिल्ली

545-ए निर्माण भवन, नई दिल्ली
Dated:08-02-2023

कार्यालय ज्ञापन/ OFFICE MEMORANDUM

Subject: Policy on Bio-similar medicines in CGHS for purpose of procurement and issue to CGHS Beneficiaries

The Central Drug Standard Control Organization's (CDSCO) Biological Division is the regulatory authority for approval of drugs in India, and issues guidelines of bio-similar medicine/drugs. The guidelines define biosimilar as "a similar biologic product which is similar in terms of quality, safety and efficacy to an approved Reference' Biological product based on comparability".

Therefore, it has been decided that, for the purpose of procurement & issue to CGHS beneficiaries, the bio-similar medicine shall be at par with the reference authorized biologic/original biologic molecule/formulation of biologic medicine on the lines of guideline issued by CDSCO in this regard.

Signed by Anjana Rajkumar
Date: 08-02-2023 14:40:01
Rogan: Approved
(डा. अंजना राजकुमार)
Director CGHS
Tel No. 011-23062800

File No: FTS No: 8127278, S-11045/36/2012/CGHS(HEC)
File Name: Extension of validity period of already empanelled HCOs under CGHS

Government of India
Ministry of Health & Family Welfare
Directorate General Central Govt. Health Scheme (DGCGHS)
(Hospital Empanelment Cell)
Room No. 545 A, NirmanBhawan,
New Delhi -110011

Dated 22nd February 2023

OFFICE MEMORANDUM

Subject: Extension of date for submission of Acceptance letter for terms and conditions of revised MoA by already empanelled hospitals under CGHS and the validity of empanelment till 30th April 2023 or till finalization of new rates whichever is earlier.

With reference to the above mentioned subject, the undersigned is directed to draw attention to the OM No S-11011/09/2022/CGHS (HEC) dated the 13 September 2022, 14th October 2022 and 29th December 2022 vide which orders were issued for submission by the HCOs already empanelled under CGHS of acceptance letter for the terms and conditions of revised MoA by 28th February 2023 to the concerned Additional Director, CGHS. Since then this Ministry is in receipt of representations from various quarters for extension of time, the matter has been reviewed by the Ministry it has been now decided that the validity of empanelment of CGHS empanelled HCOs as per the existing terms and conditions of empanelment, has been extended till 30th April 2023 or till finalization of new rates, whichever is earlier.

It has also been decided that the date for submission of the acceptance letter and revised MOA has been extended till 30th April 2023.

The Additional Directors, CGHS are advised to bring the contents of this letter to the notice of all empanelled HCOs

(Dr. Anjana Rajkumar)
Director, CGHS

GOVT. OF INDIA
OFFICE OF THE ADDITIONAL
DIRECTOR
C.G.H.S.(HO)
Sector — 13, R K Puram
New Delhi — 110066

Dated: 15.03.2023

OFFICE MEMORANDUM

Subject:- Scheme for providing medical facilities to the eligible permanent Retired /retiring Employees of Air India Ltd — post disinvestment regarding.

Subsequent to the disinvestment of Air India, Government has decided to provide Medical benefits to eligible permanent retired / retiring beneficiaries of Air India Ltd [including eligible permanent employees of AI Engineering Service Ltd. (AIESL) and AI Airport Services Ltd (AIASL)] post disinvestment by the Government as per the consultations held by Ministry of Civil Aviation, M/o Health & Family Welfare and National Health Authority.

In this regard an OM dated 31.3.2022 for OPD facilities, supply of medicines and referral to specialists in CGHS empanelled hospitals on similar lines as in case of Autonomous bodies was issued for eligible permanent Retired / retiring Employees of Air India Ltd. The undersigned is directed to convey the approval of competent authority to provide IPD facilities to such beneficiaries and following instructions are being issued to all Hospitals empanelled under CGHS All CGHS empanelled hospitals providing IPD services are hereby instructed to extend cashless IPD services to retired employees of Air India carrying valid CGHS cards on the same terms and conditions as applicable to CGHS beneficiaries for treatment in empanelled hospitals and at CGHS rates. The bill processing agency in these cases shall be UTITSL.

This issues with approval of competent authority.

(Dr. um Bhatia)
Additional Director, Admin
CGHS(HQ)

CGHS CIRCULARS 2023

File No: FTS No: 8127278, S-11045/36/2012/CGHS(HEC)
Government of India
Ministry of Health & Family Welfare
Directorate of Central Govt. Health Scheme, Hospital Empanelment Cell
(HEC) CGHS Bhawan, Sector-13
R.K.Puram New Delhi -110066

Dated 28 April 2023

OFFICE MEMORANDUM

Subject: Extension of validity period of already empanelled HealthCare Organizations (HCO's) under CGHS for a period of Six Months w.e.f. 1st May 2023 to 31st October 2023

With reference to the above subject, attention is drawn to Office Memorandum dated 22 February 2023, whereby empanelment of all existing empanelled Health Care Organizations was extended till 30th April 2023.

In this regard, it has now been decided to further extend the validity of Empanelment of all Health Care Organizations (HCO's) already Empanelled under CGHS for a period of Six Months w.e.f. 1st May 2023 to 31st October 2023 on the same Terms, Conditions and Rates on which they are presently empanelled. However, the revised CGHS rates for Consultation fee, (CU charges and Room rent shall be applicable from 12th April 2023 as per OM No. 2-15025/28/2022/CGHS/DIR/CGHS dated 12th April 2023.

The Additional Directors, CGHS are advised to bring the contents of this letter to the notice of all empanelled HCOs.

CGHS CIRCULARS 2023

File No: S.11030/86/2022-EHS
Government of India
Ministry of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi

Dated 01.05.2023

OFFICE MEMORANDUM

Subject: Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities – regarding

The undersigned is directed to enclose herewith the Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities. These guidelines shall come into force from the date of issue of this O.M. and shall be valid till further revision.

2. These guidelines issues with the concurrence of Integrated Finance Division of Ministry of Health & Family Welfare.

(Hemlata Singh)

Under Secretary to the Government of India

Tel. No. 011-23061778

Encl. As above.

Guidelines for availing treatment under CGHS for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities:

I. Aim of Occupational Therapy/ Speech therapy / Applied behavior analysis based behavioral therapy (ABA) / Special education in individuals with Autism Spectrum Disorder. The therapies aim towards minimizing the sensory issues; motor & praxis related problems, challenging behaviors, decreased social communication, and difficulties in the activities of daily living (ADL) experienced in home, school and community. This in turn improves the levels of independence in ADL, acquisition of significant life skills, promotes community integration and mainstreaming of individuals with Autism Spectrum Disorders.

II. Who can diagnose ASD for purpose of reimbursement?

Reimbursement for therapies after diagnosis of Autism Spectrum Disorder will be done if prescribed by Pediatrician/ Developmental Pediatrician/ Pediatric Neurologist/ Psychiatrist/ Child and Adolescent Psychiatrist in public or CGHS Empaneled Hospitals.

III. Ceiling rates for the therapy session

The ceiling rates for Occupational Therapy, ABA based therapy, Speech therapy and special education for individuals with autism spectrum disorder under CGHS shall be Rs 400/- per session irrespective of the type of session.

IV. Eligible Centers

Any centre (Empanelled or Non Empanelled) providing therapy services administered by qualified personnel having minimum qualifications (Table-I) as summarized as under:

Therapy	Eligible Personnel	Minimum Qualifications
ABA Therapy	Clinical Psychologist	<ul style="list-style-type: none"> • M Phil in Clinical Psychology or Medical and Social Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised clinical training from a University recognized by UGC or Postgraduate degree in Psychology/ Clinical Psychology or Applied Psychology • Must be registered as a Clinical Psychologist with Rehabilitation Council of India and SMHA (State Mental Health Agency) (wherever applicable) Mandatory
	Rehabilitation Psychologist	<ul style="list-style-type: none"> • M. Phil in Rehabilitation Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised training from a University recognized by UGC. • Must be registered as a Rehabilitation Psychologist with RCI (Rehabilitation Council of India) Mandatory
Speech Therapy	Speech Therapist	<ul style="list-style-type: none"> • B. Sc. Degree in Speech and Language Sciences or Bachelor in Audiology, speech and Language Pathology • (BASLP) or its equivalent from a recognized University. • Registered with RCI (Mandatory)
Occupational Therapy	Occupational Therapist	<ul style="list-style-type: none"> • Bachelor of Occupational Therapy from a recognized University /Institute. • Must also be registered with Central/State Statutory body (Mandatory).
Special Education	Special Educator	<ul style="list-style-type: none"> • M. Ed special education or B. Ed Special Education with at least two years' experience or D. Ed with at least five years' experience, special education or equivalent from a RCI registered institute • Registered with RCI (Mandatory)

V. Eligibility to obtain reimbursement for Occupational Therapy / Speech therapy / Applied behavior analysis based behavioral therapy (ABA) / Special education Services:

1. Beneficiaries shall be eligible to receive the proposed therapy if :

a. They have been evaluated and diagnosed to have Autism Spectrum Disorder as per the standard protocol outlined by the committee.

b. The said therapy has been recommended as a necessary component in the management of the affected individual with Autism Spectrum Disorder.

2. The therapies can be taken at empanelled or non-empanelled centers but reimbursement would be done as per the ceiling rate or as per actual whichever is less subject to the condition that

a. Provision of therapy session notes as per the format (Basic minimum standard guidelines for recording and therapy report) published in the gazette by the central mental health authority as per provisions of the Mental Healthcare Act, 2017. (Annexure-I)

b. The Therapists are recognized by the competent authorities in their respective fields as documented in Table 1 (Para-4 above).

3. The beneficiary has undergone a detailed assessment by the therapist including sensory profile/sensory checklist, level of communication, social interaction, stereotypic and repetitive behavior, impact on the school environment / home, impact on motor/ sensory function, activities of daily living, behavioral issues that need to be addressed, parental perception of problems, family coping, strategies, expected family support/involvement, motivation and expected compliance for the therapy.

4. As autism requires multidisciplinary management, it was proposed that reimbursement should include at least two or more types of therapy including any of ABA based behavioral therapy occupational therapy, speech and language therapy, special education, unless only one type of therapy is available within the reach of the beneficiary.

5. Individualized therapy plan – The therapist has to provide a written individualized therapy Plan (ITP) customized for therapy that specifies the following:

Short term goals: those that are expected to be achieved in three months.

Long term goals: those that are expected to be achieved within a year.

Home based plan

The schedule and frequency of sessions required to achieve the short term and long term goals. This will depend upon the severity of the behavioral issues, the phase of therapy, and the compliance of the caregivers to therapy.

Therapy record for each session: a specific written plan that details home assignments given to parents/caregivers – the details of activities, how to administer them, the frequency, the duration, etc.

A structured operational system to monitor compliance of caregivers with the home assignments.

A structured operational system of regular evaluation of the impact of the therapy on the functioning of the affected individual.

VI. Frequency of therapy sessions-

Duration of each session should be attest 40 minutes

VII. Follow-up to be done every 6 months:

- Duration of each session should be attest 40 minutes
- It should be based upon the severity of Autism as diagnosed by the referring clinician and as recommended underneath:

Initial Phase: First 6 Months	Maximum number of sessions per week			
Occupational Therapy	Speech Therapy	ABA Therapy	Special education	Maximum Cumulative total

Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism
3-4	5-6	2-3	3-6	1-2	2-3	1-2	2-3	6	7
Follow up phase		Maximum number of sessions per week							
Occupational Therapy		Speech Therapy		ABA Therapy		Special education		Maximum Cumulative total	
Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism
2-3	3-6	2-3	3-6	1-2	3-4	1-2	2-3	5	6

VII. Follow-up to be done every 6 months:

- By referring clinician with the treatment plan and severity rating (Any of CARS2/CARS/ ISAA and preferably ATEC)
- Number of sessions per week to be decided based upon the inputs and recommendations from the treating therapist and referring clinicians as per the upper ceiling of recommended sessions in initial phase.
- Parental compliance to therapy to be ensured by a compliance sheet of home – based program, template to given by the treating therapist and produced at the time of review.

VIII. Screening, Diagnosis and Follow up of individuals with Autism Spectrum Disorders

a. Screening

Moderate to High risk for autism may be determined by Modified Checklist for Autism in Toddlers (M-CHAT- R/F) from 16-30 months of age.

b. Modified Checklist for Autism in Toddlers (M-CHAT-R/F) for SCORES

Total Score 0-2: The score is LOW risk. No Follow-Up needed.

Total Score 3-7 : The score is MODERATE risk.

Total Score: 8-20: The score is HIGH risk.

c) Severity grading of ASD should be by:

Severity scores is assessed by using CARS2/CARS/ ISAA scales

Childhood Autism Rating Scale (CARS) scores	Indian Scale for Assessment of Autism (ISAA) Scores	Degree of Autism
	<70	Normal
Upto 30	70 to 106	Mild Autism
30-37	107 to 153	Moderate Autism
38-60	>153	Severe Autism

ANNEXURE-I

CGHS CIRCULARS 2023

Assessed by		Verified/ supervised by (if applicable)	
[Name		Name	
Date		Date	
Qualification		Qualification	
Signature		Signature	

1. Basic Minimum Standard Guidelines for Recording of Therapy Report (facilities where persons with ASD are provided with therapy).
2. Minimum Basic Standard Guidelines for Recording of Therapy (Name of the Institute/ Hospital/Centre with address)
Clinic record no _____

THERAPIST SESSION NOTES

Patient Name:		
Age:		
Session Number & Date	Duration of Session	Session Participants
Nature of treatment (ABA Therapy/ Speech Therapy/Occupational Therapy/ Special Education)	Objectives of Session	
	1.	
	2.	
	3.	
	4.	

- **Short term Goals.**
- **Long term**
- **Progress**

Therapist observations and reflections : Plan for next session
: Date for next session:

Therapist Supervised by (if applicable)

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F No Z 15025/2/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS

RK Puram – Sector-13 New Delhi

Dated the 8th May, 2023

OFFICE MEMORANDUM

Subject: Submission of Medical Reimbursement Claims (MRCs) by CGHS Pensioner beneficiaries in the city, wherein the treatment was taken -regarding

The undersigned is directed to convey the approval of Competent Authority to state that CGHS pensioner beneficiaries (principal card holders) are now permitted to submit Medical Reimbursement Claims (MRCs) to CGHS of city, where the treatment was taken.

The MRCs may be submitted to CGHS Wellness Centre / Additional Director, CGHS of city / Additional Director of concerned Zone in Delhi, as the case may be.

2. However, the option to submit the MRC at the CGHS Wellness Centre, where the card is registered shall remain unchanged.

3. The concerned Additional Director shall generate MRC ID number, process MRCs as per CGHS rates and guidelines to make reimbursement from the CGHS city, where the MRCs have been submitted, within specified 30 days, when no special approvals are involved.

Additional Directors, CGHS shall bring the contents of this order to the notice of the CMOs in charge in the meetings and ensure strict compliance with the instructions.

4. The Additional Directors shall also bring the contents of the order to the notice of Members of Local Advisory Committees and Zonal Advisory Committees.

(Dr. Manoj Jain)
Director, CGHS

File No: S.11030/120/2022-EHS
Government of India
Ministry of Health & Family Welfare
EHS Section
Nirman Bhawan, New Delhi

Dated 16.05.2023

OFFICE MEMORANDUM

Subject: Guidelines regarding reimbursement of Continuous Subcutaneous' Insulin Infusion (CSII) Pump Therapy' under CGHS/CS(MA) Rules, 1944 – regarding

The undersigned is directed to refer to representations seeking permission/ex-post facto approval for use /reimbursement of Insulin Pump under CGHS/CS(MA) Rules. This matter has been examined by a Committee of Experts, of the Directorate General of Health Services, in the field. Based on the recommendations of the Expert Committee; this Ministry has framed following guidelines for use/reimbursement of Cost of Insulin Pump:

A. ELIGIBLE PATIENTS

The following criteria must be met:

Patients with Type -I Diabetes

Duration of diabetes greater than 2 years

The child and family have received adequate diabetes education at a centre experienced in taking care children with Type-I, Diabetes Mellitus.

Despite multiple daily doses of Insulin and proper adherence to diet in last 6 months, HbA1C level is not below 8.5 %.

Recurrent and unexplained hypoglycemia on multiple doses of insulin despite proper adherence to diet in last 6 months.

B. PREREQUISITES

Should be on multiple daily doses of Insulin (basal bonus) therapy for a minimum of 6 months. During the period there should be

At least 2 HBA1c readings over these 6 months

Strict Self- monitoring Blood Glucose (SMBG) with minimum 4 readings or be on Continuous Glucose Monitoring System(CGS)

Should have a concept of carbo-counting (Counting number of grams of Carbohydrate in a meal) and its application in diabetes management, as certified by the treating pediatric endocrinologist / endocrinologist/ diabetes clinic specialist

The family can understand pump usage, to calculate bolus and basal insulin doses as required, and has demonstrated motivation to follow guidelines related to SMBG monitoring and diet.

Regular follow-up with a pediatric endocrinologist / endocrinologist/ diabetes clinic specialist

No history of psychiatric illness in patient.

C. APPROVAL

A committee under the chairpersonship of Addl. Director General with 2-3 pediatric endocrinologists / endocrinologists/ diabetes clinic specialists as members will examine each request, on case to case basis, as per the guidelines. The cases, which may not be covered under these guidelines, to be taken up, on case to case basis.

In case of CGHS beneficiaries, Additional Director (R&H) / Addl DDG(HQ) , CGHS Shall be Member Secretary.

In case of CS(MA) beneficiaries, Chief Medical Officer of MG Section shall be the Member Secretary.

The concerned Ministry / Department of the serving central Government employees in CGHS covered cities shall forward the requests for permission to the Additional Director, CGHS of city concerned. Pensioner shall submit their request to their parent CGHS Wellness Centre to which they are registered and that request will be further sent to Additional Director, CGHS of the city concerned, for consideration.

In case of CS(MA) beneficiaries the concerned Ministry / Department of the serving central Government employees shall forward the requests for permission to the Under Secretary , EHS Section , Ministry of Health & Family Welfare.

D. VALIDITY

Initial approval shall be for one year. Both basic as well as sensor augmented Insulin Pumps may be considered as prescribed by treating endocrinologist.

Re-approval will be done only if the following criteria are met:

Regular follow-up (at 3-month intervals at least) during the past one year.

Regular self monitoring of blood glucose (SMBG).

HbA1c test every 3 months over past one year with at least two HbA1c values below 8.5%.

If re-approval is not granted as above, the patients can re-apply after 6 months, if he/she meets these criteria – HbA1c less than 8.5% at least one in last 6 months.

E. CEILING RATE FOR CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) PUMP THERAPY UNDER CGHS/CS(MA) RULES

Ceiling rate for basic version of Insulin Pump are fixed at 2 Lakhs.

Ceiling rate for a sensor-augmented Insulin Pump are fixed at Rs. 3.0 Lakhs.

In addition, the monthly cost for the consumables is fixed at Rs 5,000/- (reservoir, infusion set and Insulin).

2. These guidelines issues with the approval of competent authority and concurrence of IFD vide CD No. 385 dated 15.05.2023.

(Hemlata Singh)

Signed by

Hemlata Singh

Date: 16-05-2023 11:25:17

Under Secretary to the Government of India

Tel. No. 011-23061778

CASHLESS TREATMENT FACILITIES NOW AVAILABLE TO ALL CGHS BENEFICIARIES AT 6 AIIMS AT BHOPAL, BHUBANESWAR, PATNA, JODHPUR, RAIPUR AND RISHIKESH

Posted On: 20 MAY 2023 1:25PM by PIB Delhi

Cashless treatment facilities will now be available to all CGHS beneficiaries (serving and pensioners) at 6 AIIMS located at Bhopal, Bhubaneswar, Patna, Jodhpur, Raipur and Rishikesh. This significant decision was taken today, as Memorandum of Agreement were signed between these six AIIMS and CGHS, Union Health Ministry in the presence of Shri Rajesh Bhushan, Union Health Secretary.

Patient care facilities available at 6 fully functional AIIMS at Bhopal, Bhubaneswar, Patna, Jodhpur, Raipur and Rishikesh shall be extended to the CGHS beneficiaries on cashless basis. It will be particularly beneficial for the senior citizens (retired pensioner beneficiaries of CGHS) who find it difficult to submit individual reimbursement claims and follow up approvals. The CGHS beneficiaries will have the advantage of accessing state of art treatment facilities available in these AIIMS, without the hassle of first making payments and then seeking reimbursements from CGHS. This initiative will save time, reduce paperwork and also delays in settlement of individual claims. Till now, CGHS pensioner beneficiaries, availing treatment at AIIMS, are required to first make payment and claim reimbursement later from CGHS.

The salient features of this initiative are as under:

- The CGHS Pensioners and other entitled categories of CGHS beneficiaries will be eligible for cashless treatment in OPD, investigations and Indoor treatment at these 6 AIIMS.
- These 6 AIIMS shall raise credit bills of CGHS Pensioners and other categories of eligible beneficiaries to CGHS and CGHS shall preferably make payment within 30 days of receipt of the bills.
- Admission of the CGHS beneficiary shall be made only against production of valid CGHS Beneficiary ID Card for the treatment at AIIMS.
- AIIMS shall create a separate Help Desk and a separate accounting system for CGHS beneficiaries.
- Medicines prescribed by the doctors at AIIMS, for OPD treatment or at the time of discharge from AIIMS, will be collected by the beneficiaries through CGHS.
- The Health Secretary lauded this development stating “CGHS is a significant service-oriented vertical of the Health Ministry through which existing and retired employees can avail medical services. He further added that “the government endeavors to expand the number of hospitals empaneled under CGHS providing excellent tertiary care facilities aligned with the rising requirements of the patients.” He also stated “in the near future the AIIMS institutions established in New Delhi, Post Graduate Institute of Medical Education & Research Chandigarh and Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry will be incorporated in this agreement.”

Shri Rajesh Bhushan elaborated that “a big segment will benefit from this agreement, as it seeks to ease the lengthy formalities and expedite access to medical care.” He noted that will also widen the reach of CGHS services across the nation, as this agreement allows the beneficiaries to avail the CGHS beneficiaries from the AIIMS institutions in their respective states. He further added that CGHS has upwardly revised certain rates of treatment and medical care, further aiding access of treatment facilities for patients.

The beneficiaries under the CGHS are referred to Government hospitals and private hospitals empaneled under CGHS for indoor treatment. CGHS pensioners and other entitled categories of CGHS beneficiaries are eligible for cashless facilities at empaneled hospitals. CGHS provides comprehensive

healthcare (both OPD & IPD) to Central Government employees, pensioners and their dependent family members, Hon'ble Members of Parliament, ex-MPs and other categories of beneficiaries. Presently CGHS is in operation in 79 cities in the Country.

Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) 22 new AIIMS have been established across the country and they are at varying stages of operationalization. Besides providing facilities for quality medical education and research, these Premier institutions provide specialized patient care health services in various specialties and super specialties including cardiology, neurology, neuro surgery, gastroenterology, urology, cardio vascular thoracic surgery, oncology etc. These institutes also provide trauma and emergency care services, state of the art diagnostic services, including blood bank facilities.

The session was attended by Additional Secretary Smt V. Hekali Zhimomi, Joint Secretary Smt Ankita Mishra, Joint Secretary Dr. Manashvi Kumar, Director, CGHS, Dr. Jain among senior government officials. Executive Directors of AIIMS Bhubaneswar, AIIMS Patna, AIIMS Raipur, AIIMS Jodhpur and representatives from AIIMS Bhopal and AIIMS Rishikesh were present at the MOA signing event.

Source: PIB

BAPAT

CGHS CIRCULARS 2023

F No Z 15025/3/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
RK Puram – Sector-13 New Delhi

Dated the 17th June, 2023

OFFICE MEMORANDUM

Subject: Continuation of CGHS facilities when Central Government employees are posted on foreign assignment -regarding

The undersigned is directed to convey the approval of the Competent Authority to state that CGHS Cards of the Central Government employees on foreign assignment shall be kept active so that they are not deprived of CGHS facilities when they visit CGHS covered cities in between. The eligible family members residing in CGHS cities can continue to avail themselves of the CGHS facilities.

2. The department shall ensure that the CGHS subscription is deducted from the concerned employee's salary.

(Dr. Manoj Jain)
Director, CGHS

BAPAT

CGHS CIRCULARS 2023

F No Z15025/8/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate of CGHS
CGHS Bhawan,
RK Puram -Sector-13, New Delhi.

Dated the 19th June, 2023

OFFICE MEMORANDUM

Subject: Revision of CGHS rates for 36 Radiological / Imaging investigations-regarding

I am directed to convey the approval of Competent Authority for revision of CGHS rates for 36 Radiological/ Imaging investigations as per the details given below:

(all Figures are in Rupees)

Code No	Investigation	Revised Rates for CGHS empanelled HCOs For NABH/ NABL Accredited	For non- NABH/ NABL Accredited	
1	590	ECG	175	150
2	592	Echo	1475	1255
3	594	Fetal ECHO	1600	1360
4	597	Stress Echo	2400	2040
5	598	D-Stress Echo	3000	2550
6	604	MRI Cardiac	8000	6800
7	710	USG Colour Doppler Pregnancy	1675	1425
8	1358	Testicular Scan	1700	1445
9	1360	Thyroid Scan with Technetium 99m Perchnetate	1900	1615
10	1375	TMT	1120	950
11	1590/708	USG for anomalies scan	2000	1700
12	1591	USG Whole abdomen /KUB	800	680
13	1592	USG Pelvis/Gynaec.	500	425
14	1597	USG Breasts	800	680
15	1598	HSG	2400	2040
16	1603	USG guided FNAC	1800	1530
17	1606	X Ray abdomen AP Supine or Erect (one film)	250	215
18	1608	Chest X-ray PA View (one film)	230	195
19	1609	Chest X-ray lateral View (one film)	230	195
20	1627	IVP	1650	1400
21	1628	MCU	1120	950
22	1629	RGU	1120	950
23	1635	Mammography BIL	1375	1170
24	1637	NCCT Head	1035	880
25	1661	MRI Brain	2500	2125
26	1663	MRI Orbit	1700	1445
27	1674	MRI Wrists single joint without contrast	3000	2550
28	1675	MRI Wrists Both joints without contrast	4000	3400
29	1678	MRI Knee single joint without contrast	3000	2550
30	1680	MRI Knees Both joints without contrast	4000	3400
31	1682	MRI Ankle single joint with contrast	5000	4250

CGHS CIRCULARS 2023

32	1684	MRI Ankle Both joints with contrast	6500	5525
33	1700	MRI whole Spine Screening	2000	1700
34	1703	MRI Whole Spine	4000	3400
35	1784	CECT Thorax	2875	2445
36	1834	HRCT Chest	2000	1700

2. These rates are applicable in all CGHS Cities.

3. The rates for non-NABH /non-NABL accredited HCOs are 15% less than the rates for NABH/NABL Accredited HCOs.

4. The other terms and conditions of empanelment shall remain unchanged.

5. The revised rates shall be applicable from the date of issue and shall be valid till further orders.

6. This issues with the approval of Competent Authority and concurrence of Integrated Finance Division, Ministry of H&FW vide CD No. 848 dated 16.06.2023.

(Dr. Manoj Jain)
Director, CGHS

BAPAT

Posted On: 27 JUN 2023 6:52PM by PIB Delhi

Memorandum of Agreement signed between Central Government Health Scheme(CGHS) and Three Institutes of National Importance (INI)

CGHS beneficiaries will have direct access to state-of-the-art treatment facilities available in these medical institutions, without the hassle of making upfront payments and seeking reimbursements from CGHS

The government aims to expand the number of hospitals empaneled under CGHS to provide excellent tertiary care facilities aligned with the rising requirements of the patients: Shri Rajesh Bhushan, Union Health Secretary.

Through a significant and people centric move, cashless treatment facilities will now be available to CGHS beneficiaries (both serving and pensioners) at AIIMS New Delhi, PGIMER Chandigarh, and JIPMER Puducherry. The Memorandum of Agreement to this effect was signed between the three medical institutions- AIIMS, New Delhi, PGIMER, Chandigarh, and JIPMER, Puducherry, and CGHS, Ministry of Health and Family Welfare, in the presence of Shri Rajesh Bhushan, Union Health Secretary, here today.

This initiative builds upon the six previously signed MoAs on May 20, 2023, between CGHS and various All India Institute of Medical Sciences (AIIMS) located in Bhopal, Bhubaneswar, Patna, Jodhpur, Raipur, and Rishikesh (<https://pib.gov.in/PressReleasePage.aspx?PRID=1925806>).

“The extension of patient care facilities at AIIMS New Delhi, PGIMER Chandigarh, and JIPMER Puducherry to CGHS beneficiaries on a cashless basis will be particularly beneficial for pensioner beneficiaries of CGHS. It eliminates the need for them to submit individual reimbursement claims and follow up for approvals. With this new initiative, CGHS beneficiaries will have direct access to state-of-the-art treatment facilities available in these medical institutions, without the hassle of making upfront payments and seeking reimbursements from CGHS. This streamlined process will save time, reduce paperwork, and expedite the settlement of individual claims. Previously, CGHS pensioner beneficiaries availing treatment at these institutions were required to make payments upfront and claim reimbursement later from CGHS.” This was stated by Shri Rajesh Bhushan, Secretary, Ministry of Health and Family Welfare at the signing of the MOA today.

The Union Health Secretary appreciated this development highlighting that CGHS is a significant service-oriented vertical of the Health Ministry through which existing and retired employees can avail medical services. He further stated, “The government aims to expand the number of hospitals empaneled under CGHS to provide excellent tertiary care facilities aligned with the rising requirements of the patients.”

Shri Bhushan further emphasized that this agreement will benefit a large segment of the population by simplifying lengthy formalities and expediting access to medical care. He also noted that this agreement will help expand the reach of CGHS services across the nation, allowing beneficiaries to avail CGHS facilities at the INIs institutions in their respective states. Additionally, CGHS has revised certain rates of treatment and medical care, further facilitating access to treatment facilities for patients.

The silent features of this initiative are as under:

Cashless treatment will be available in outpatient departments (OPD), investigations, and indoor treatment for CGHS pensioners and other eligible categories of beneficiaries.

The three institutions will raise credit bills for CGHS pensioners and other eligible beneficiaries, and CGHS will preferably make payment within 30 days of receiving the bills.

CGHS beneficiaries will be admitted only upon the production of a valid CGHS Beneficiary ID Card for treatment at these institutions.

Separate Help Desks and accounting systems will be created for CGHS beneficiaries at AIIMS New Delhi, PGIMER Chandigarh, and JIPMER Puducherry.

Medicines prescribed by the doctors at these institutions, whether for OPD treatment or at the time of discharge, will be collected by beneficiaries through CGHS.

CGHS beneficiaries will no longer require referrals to access healthcare facilities at these institutions.

The MOA signing ceremony was attended by Officer on Special Duty, Minister of Health and Family Welfare, Shri Sudhansh Pant, Additional Secretary, Ministry of Health and Family Welfare, and Smt. V. Hekali Zhimoni, among other senior government officials. Directors of AIIMS New Delhi, Dr. M Srinivas, Medical superintendent, PGIMER Chandigarh, Dr. Vipin Kaushal, and Director, JIPMER Puducherry, Dr. Rakesh Agrawal were also present at the MOA signing event.

BAPAT

CGHS CIRCULARS 2023

F No Z.16025/12/2023/CGHS-III
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
CGHS Bhawan, RK Puram -13, New Delhi.

Dated the 30th June, 2023

OFFICE MEMORANDUM

Subject: Treatment of CGHS pensioner beneficiaries and others at Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh – regarding.

With reference to the above subject the undersigned is directed to state that Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh shall provide treatment on cashless basis to CGHS pensioner beneficiaries and other entitled class of beneficiaries as per the detail given below:

- a) CGHS Pensioners and other beneficiaries entitled for cashless treatment like ex-MPs , ex-Governors, former Judges of Supreme Court of India , former Judges of High Courts, Freedom Fighters, etc., holding a Valid CGHS Card are eligible for cashless treatment at PGIMER, Chandigarh.
- b) Entitled CGHS beneficiaries shall present their CGHS Card for verification at CGHS Help Desk. They shall submit a self-attested copy of CGHS Card. In case of treatment of a dependent family member copies of the CGHS card of self and family member shall b submitted.
- c) Help Desk at PGIMER refers the beneficiaries to OPD / Investigations / Indoor treatment as the case may be.
- d) Bills in physical form along with copy of CGHS card shall be submitted by PGIMER, Chandigarh in the last week of month to the office of Addl. Director, CGHS, Chandigarh.
- e) For room rent bills shall be raised as per PGIMER rates. If, PGIMER rates are not available, then CGHS rates for empanelled hospitals would apply. For other treatment procedures / investigations, PGIMER shall send bill to CGHS as per PGIMER rates.
- f) Ward entitlement of CGHS beneficiaries at PGIMER shall be as per their ward entitlement at CGHS empanelled hospitals.
- g) PGIMER shall create a separate Bank Account for CGHS beneficiaries to reimburse the bills by CGHS.
- h) Additional Director, CGHS, Chandigarh shall process the bills expeditiously and payment shall be credited into the Bank Account created by PGIMER for CGHS.
- i) No preferential treatment shall be provided to CGHS beneficiaries.
- j) PGIMER shall provide implants available at the Institute and the beneficiaries shall not have option to choose Specific Implants of their choice.
- k) Medicines prescribed by PGIMER's doctors for OPD treatment or at the time of discharge from PGIMER will be collected by the beneficiaries through CGHS.

- l) CGHS pensioners and others eligible for cashless treatment can avail treatment without any mandatory referral from CGHS.
- m) Additional Director, CGHS, Chandigarh shall contact PGIMER, Chandigarh for the seamless implementation of this initiative.

(Dr. Manoj Jain)
Director, CGHS

BAPAT

H.11020/2/2023-EHS
Government of India
Ministry of Health & Family Welfare
Directorate of CGHS
CGHS Bhawan, RK Puram
Sector-13, New Delhi

Dated July, 2023.

OFFICE MEMORANDUM

Sub: Option for Central Government Employees to avail CGHS benefits either for their Parents or Parents -in-law – regarding.

The undersigned is directed to refer to the Office memorandum No. 4(1)-18/63-H, dated 03.03.1987, issued by the Ministry of Health and Family Welfare, whereby a female Central Government employee was given the choice to include either her parents or parents-in-law for the purpose of availing the benefits under Central Government Health Scheme (CGHS) subject to the conditions of dependence and residence, etc., being satisfied.

2. The matter has been reviewed and the undersigned is directed to convey the approval of Competent Authority to say that hereinafter, both male and female Central Government employees will have the choice to include either their parents or parents-in-law for the purpose of availing the benefits under CGHS subject to the conditions of dependence and residence, etc., being satisfied.

3. The contents of Para 2 above shall be added to the definition of the term 'Family' for CGHS benefits.

4. This OM shall supersede all other OMs issued in relation to this subject.

[Dr Manoj Jain]
Director, CGHS

F. No.S-11011/90/2016-CGHS/(HEC)/A YUSH/PT-II. /255-281

Ministry of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
R.K Puram, Sec-13, New Delhi

Dated: 05th July, 2023

OFFICE MEMORANDUM

Subject: Revision of room rent for CGHS empanelled AYUSH Health Care Organizations and Empanelment of IPD AYUSH (Ayurveda, Yoga & Naturopathy, Unani and Siddha) Hospitals — reg.

The matter regarding revision of room rent of CGHS empanelled AYUSH Health Care Organizations has been under consideration of MOHFW for some time. In this regard the undersigned is directed to convey, the approval of the Competent Authority for revision of the room rent and modified terms & conditions for the empanelment of AYUSH Hospitals under CGHS as per the details given below:

1. The revised room rent for private AYUSH Hospitals empanelled under CGHS shall be as under:

Category	Existing Room Rent	Revised Room Rent
General Ward	Rs. 500	Rs. 1000
Semi-Private Ward	Rs. 1000	Rs. 2000
Private Ward	Rs. 1500	Rs. 3000

2. It has been decided to empanel hospitals under Unani and Siddha systems also in addition to the Hospitals under Ayurveda, Yoga & Naturopathy. The existing NABH accredited AYUSH Hospitals shall be allowed to continue on CGHS panel by signing the new MoA and acceptance letter for CGHS rates and terms & conditions and submission of revalidated PBG.

3. Hospitals which are shortlisted for empanelment under CGHS, have to onboard on the NHA Platform, within 30 days, failing which their empanelment would be rejected.

4. The ceiling of Rs. 1000/- as one-day combined package for both Yoga & Naturopathy procedures (Rs. 250/- per day as one-day yoga therapy package for Yoga & Rs. 750/- per day as one-day package treatment for Naturopathy), shall be allowed as per the Annexures – N2 & Y2 of O.M dated 09.11.2017. However, rates, room rent and number of treating days will be counted as per the clarification issued by CGHS on 30.09.2022.

5. CGHS/CS (MA) beneficiaries may directly obtain consultation/treatment from the empanelled Hospitals / Centres for Yoga & Naturopathy for a period up to two-weeks (ceiling) and shall be eligible for reimbursement, subject to prior intimation to their respective Ministries/Department, in respect of serving CGHS / CS (MA) beneficiaries and to the concerned ADs of CGHS cities in respect of CGHS pensioner beneficiaries. There should be a gap of at least 3 months for the treatment if the patient undergoes up to two-weeks treatment and a gap of at least 45 days for the treatment if the patient undergoes up to one-week treatment.

6. The empanelled AYUSH Hospitals shall also be permitted to provide OPD consultation after referral by CMO/SMO/MO. However, medicines shall be prescribed only from CGHS formulary and shall be obtained from CGHS AYUSH Wellness Centers.

7 The CGHS Inspection squad will make surprise visits for the empanelled Hospitals/Centers, at least once in a month or as per the complaints received to ensure and address the quality and safety treatment to the beneficiaries including performance of the Hospital as per MOA.

8. The Application for empanelment under CGHS is available on CGHS website and shall be submitted enclosing the requisite documents.

9. These orders are valid from the date of issue.

10. This issues with approval of Competent Authority and the concurrence of IFD, MOHFW vide CD No. 971 dated 26.06.2023.

Dr. Manoj Jain
(Director, CGHS)

BAPAT

No. 4-12(12)/2018-PAT-Part (1)
Government of India
Ministry of Communications
Department of Telecommunications
(PAT Section)
New Delhi,

dated.21 July, 2023

OFFICE MEMORANDUM

Subject: CGHS facilities to the retired BSNL/MTNL employees (Combined Service Pensioners) who are in receipt of pension from Central Civil Estimates – Revised mapping for determining CGHS subscription and Ward entitlement.

The undersigned is directed to refer to this Office Memorandum No. 4-12(12)/2018-PAT-Part(1) dated 01.07.2019 on above subject vide which the revised mapping of IDA and CDA pay scales was issued for deciding the rate of monthly CGHS contribution and entitlement of wards in private hospitals empanelled under CGHS in respect of retired BSNL/MTNL employees who receive pension from Central Civil Estimates and avail CGHS facilities.

2. The entitlement of wards in Private Hospitals empanelled under CGHS has been revised e.f. 28.10.2022 by Ministry of Health & Family Welfare vide its O.M. No. S.11011/11/2016-CGHS(P)/EHS dated 28.10.2022. This has necessitated corresponding modification in Annexure-8 of the said O.M. dated 01.07.2019.

3. Accordingly, Annexures to the said M. dated 01.07.2019 stands modified w.e.f . 28.10.2022, as enclosed.

4. This M and mapping is applicable only for the Combined Service Optees who retired from BSNL/MTNL with IDA pay scale.

5. This M. and mapping is not applicable for pro-rata pensioners who retired from DoT under CDA pay scale. Also, as per guidelines issued from Directorate of CGHS, MoH&FW, ward entitlement is based on the last basic pay and CGHS subscription is based on the pay scale as mentioned in the Pension Payment Order (PPO) of a particular retiree. Accordingly, ward entitlement and CGHS subscription in case of pro-rata pensioners of BSNL/MTNL will continue to be decided based on last pay drawn in DoT before absorption, as mentioned in their respective PPO while retiring from DoT, Govt. of India as already conveyed vide this office O.M. No. 4-12(12)/2018-PAT dated 08.09.2021. Hence, no mapping of IDA/CDA scale is required in case of pro-rata pensioners.

6. This issues with the approval of Member (Services).

Encl: As

(Vikas)
Assistant Director General (PAT)
Phone: 011-23036245

Annexure-A Please see original letter for annexure

(Enclosure to letter no. No. 4-12(12)/2018-PAT-Part (1) dated .1.I.07.2023)

F. No Z15025/27/2023/DIR/CGHS

No -AN/Pay/Med/Patna/Vol-III

To
The Officer-In-Charge
All section of M.O CDA Patna
All sub offices

Date: 01/09/2023

Subject: Guidelines for Medical Claim reimbursement claim and Permission cases.

Of late, it is observed/noticed during course of audit of medical reimbursement claims, received in this Office that some of officials/officers are not adhering to CGHS/CS(MA) Rules resulting in return/rejection of bills at audit level. Some of the officials/officers are not even taking a little bit pain to go through audit Observation /advice given by this office and resubmitting the claim without or partial complying the requirements resulting in multiple return/rejection of the claims. Accordingly, list of the documents are numerated below for information and strict compliance so that reimbursement of claim to the individual may be process within the stipulated timelines.

Submission of Medical Claims with enclosing following documents: -

- MED-97 form in respect of CSMA beneficiaries or, MRC(S) /MED-2004 form in respect of CGHS beneficiary are to be duly filled and signed with date by the beneficiary.
- Referral Memo of the CGHS for CGHS beneficiary and CGHS Doctor may clearly mention on the prescription for what type of treatment/OPD consultation is to be taken at empaneled hospital (Auth: MH & F.W. OM No.Z.15025/117/2017/DIR/CGHS/EHS, dated- 15.01.2018)
- Certificate 'A' is required in case of OPD treatment taken at AMA. (Auth: M.H & F.W. OM No. H.11022/01/2014-MS, dated-15.07.2014)
- In OPD case, Prescription slip of treating doctor clearly indicating Medicines description and Pathology test is to be enclosed with the claim. (Auth: M.H & F.W. OM No. Z.15025/117/2017/DIR/CGHS/EHS, dated- 15.01.2018)
- Details/Bifurcation of all medicines, lab tests, investigations, no. of consultation etc is to be included in IPD/OPD bills and submitted separately. (Auth: M.H & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)
- Photocopy of CGHS card for CGHS beneficiary. (Auth: M.H & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)
- In IPD Case, Bed History Sheet/Bed Head Ticket i.e. prescription sheet during admission is to be enclosed with the claim.
- Legal heir certificate in case of death of the Govt. servant. (Auth: M.H & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)
- Discharge Summary of the hospital in case of inpatient treatment. (Auth: M.H & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)
- In case of treatment taken as per CSMA rule, all Medicine bills should be verified by the treating doctor with his stamp. (Auth: M.H OM No. F. 1-17/52-LSG(M), dated-18.12.1952)
- In case of Emergency treatment obtained:

In addition to the above documents, the following documents should also be submitted:

- a. Emergency certificate (Original) from the treating doctor.(Auth: M.H & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)
- b. Self-application of the beneficiary highlighting the emergency circumstances. (Auth: M.H & F.W. OM No. S.11012/1/91-CGHS(P) (Vol. I), dated-18.03.1992)

2. Submission of request for Permission from the Head of the Department involving TA with enclosing following documents:

Referral letter from the CGHS dispensary/Govt. Hospital may clearly indicate about said treatment is not available at the same station or, referral letter from Govt. Hospital/CGHS dispensary for availing the said treatment in different city with the name of the hospital. (Auth: MH & F.W. OM No. S.14025/7/2000-MS, dated-28.03.2000)

3. The claims for advance should have the following documents:

- Reference letter from CGHS/AMA for taking treatment.
- Estimate of Medical Expenditure with break-up details from the hospital authorities of inpatient treatment. (Auth MH & F.W. OM No. Z.15025/8/2021/DIR/CGHS, dated- 22.09.2021)
- In case of emergency, emergency certificate from the hospital.
- A copy of CGHS card/list of dependent family members.
- Application from the beneficiary/dependent family members for requisition of advance.

4. Implants: Tax Invoices in Original along with outer pouch and stickers is required for reimbursement of the claims. This is mandatory requirements and cannot be substituted in any way. (Auth: MH & F.W. OM No. S.11011/9/2012-CGHS(P), dated-05.06.2014)

5. Time period of Submission: 6 month in case of non-advance case and within 1 month in case of advance cases. {Auth: M.H & F.W. OM No. S-12015/3/93-CGHS(P), dated- 30.12.1993 (for Medical advance) & M.H & F.W. OM No. 1-60/2017-CGHS/C&P/EHS, dated- 01.06.2020 (for non-advance case)}

6. All Medical Re-imburement claims may be sent in duplicate and all enclosed documents may be self-attested.

7. Important: OPD medicines prescribed by empanelled hospital have to be taken from CGHS wellness center. (Auth: MH & F.W. OM No. Z.15025/117/2017/DIR/CGHS/EHS, dated- 15.01.2018)

8. It is also noticed that some of the officers/staff are transferred to Non-CGHS covered area has not surrender his/her CGHS cards. Those officers/staff who is posted and residing in Non-CGHS covered area, CGHS cards of the self and his/her family members will be forwarded to this office for surrender. (Auth: M.H & F.W. OM No.4-36/99-C&P/CGHS/CGHS(P) , dated-01.07.2005)

CDA has seen.

Ranjan Kumar
Senior Accounts Officer

F. No.S-11011/90/2016-CGHS/(HEC)/AYUSH/Pt-II.
Ministry of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS
CGHS Bhawan, R.K Puram
Sec-13, New Delhi-66

Dated: /09/2023

OFFICE MEMORANDUM

Subject: Clarification on the referral for CGHS beneficiaries aged 75 years & above and consultation through Video Conferencing for AYUSH system-reg.

With reference to the above mentioned subject the undersigned is directed to draw the attention to Office Memorandum vide F.No. Z.15025/35/2019/DIR/CGHS/CGHS(P) dated 29.05.2019 & 27.06.2019 and clarified that the referral for 75 years and above and consultation through Video Conferencing for AYUSH system is not appropriate since as per Ayurvedic literature, many procedures are contra-indicated after 75 years of age and in certain disease conditions also.

Moreover, to examine the physical condition of the patient whether he is eligible for the therapy is to be assessed by the treating Ayurvedic physician for which consultation is necessary, which is not possible through Video Conferencing and therefore, referral by the treating Ayurvedic physician, for once, is required for taking the treatment from the AYUSH Day Care Centre for a period of approximately 7 days / 15 days.

This issues in consultation with the experts in the field.

Signed by Manoj Jain
Date: 05-10-2023 17:11:45
(Manoj Jain)
Director, CGHS

CGHS CIRCULARS 2023

Min. of Health & Family Welfare
Directorate of CGHS
CGHS Bhawan,
RK Puram Sector-13 New Delhi

Dated 12th September, 2023

OFFICE MEMORANDUM

Subject: Guidelines regarding Purchase of Medicines by Post-Organ Transplant Surgery Patients under CGHS -reg.

With reference to the above-mentioned subject the undersigned is directed to convey the approval of Competent Authority to issue guidelines for the purchase of Medicines in the cases of Post-Organ transplant CGHS beneficiaries as per the details given under:

1. CGHS beneficiaries, who are recovering from Organ transplant surgery shall be permitted to purchase OPD medicines, based on the advice of the treating Specialist for up to a period of six months if, they are not in a position to visit CGHS Wellness Centre or to send an authorized representative.
2. The reimbursement of such medicines would be considered as per the following details:
 - i) The reimbursement on restricted medicines having CGHS rate contract, shall be limited to the CGHS rates.
 - ii) The reimbursement in respect of other medicines for which there is no rate contract under CGHS, shall be limited to 85% of MRP or actual expenditure incurred, whichever is lower (since 15% discount is the minimum discount prescribed under CGHS for Local Chemists).
 - iii) However, products manufactured/ marketed as food supplement, cosmetics and ayurvedic preparations advised by allopathic doctors are not reimbursable, as per extant CGHS guidelines.

Serving employees would claim reimbursement from their respective department.

(V.K. Sharma)
Addl.-DDG(HQ) CGHS

No: S.11025/18/2023-EHS

CGHS CIRCULARS 2023

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi – 110011

Dated the 20th September, 2023

OFFICE MEMORANDUM

Subject: Revision of consultation/visiting &/injection fee of Authorized Medical Attendants (AMAs) under CS (MA) Rules, 1944 – regarding.

In continuation of this Ministry's O.M. No. S 14025/10/2001-MS dated 31.12.2002 and S.14025/10/2010-MS dated 17.03.2011 on the subject mentioned above, the undersigned is directed to say that the issue of further revision of consultation/visiting/injection fees of different categories of Medical Officers(Authorized Medical Attendants) appointed for the treatment of Central Government Employees and their dependent family members covered under CS(MA) Rules, 1944 of various Ministries/Departments, has been under consideration of this Ministry for some time. It has now been decided to revise the same as indicated below:-

1. Medical Post Graduate/Specialists Rates as advised by Dte. GHS & Dte. CGHS

Consultation Fees

First Consultation 350/-

Subsequent Consultation 350/-

Injection Fees

Intramuscular/Subcutaneous 25/-

Intravenous 50/-

2. Medical Licentiates and Medical Graduates (MBBS or equivalent)

Consultation Fees

First Consultation 200/-

Subsequent Consultation 200/-

Injection Fees

Intramuscular/Subcutaneous 25/-

Intravenous 50/-

2. These orders will supersede the earlier orders issued on the subject from the date of issue.

3. It is also clarified that now there are no separate charges for day and night consultation, as these were prevailing earlier.

4. This issues with the concurrence of IFD vide CD No. 1876 dated 20/09/2023.

(Hemlata Singh)
Under Secretary to the Govt. of India
Tel. No. 011-23061778

File No. Z.16025/03/2021/CGHS-III/EHS

Government of India
Ministry of Health & Family Welfare
(EHS Section)

Nirman Bhawan, New Delhi

Dated 13th November, 2023

OFFICE MEMORANDUM

Subject: Extension of CGHS facilities to pensioners under Union Territories'(UT's) Administration except UTs of Delhi and Chandigarh -reg.

The undersigned is directed to refer to the subject above and to convey the approval of Competent Authority for extension of CGHS medical facilities to the pensioners under Union Territories' (UT's) Administration, except the UTs of Delhi and Chandigarh.

2. The CGHS facilities shall be extended at par with the Central Government pensioners, on payment of requisite subscription fees as per the prevalent CGHS guidelines, subject to the conditions that the Pensioners of Union Territories seeking CGHS coverage are not availing medical benefits from any other Government Health Scheme.

Signed by Hemlata Singh
Under Secretary to the Government of India

BAPAT

CGHS CIRCULARS 2023

F No Z15025/32/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate of CGHSCGHS Bhawan,
RK Puram –Sector-13, New Delhi.

Dated the 19th December , 2023

OFFICE MEMORANDUM

Subject: Revision of CGHS rates for Cardiology Procedures, inclusion of 2 new procedures and revision of Rates of PET CT Scan-regarding

I am directed to convey the approval of Competent Authority for revision of CGHS rates for Cardiology Procedures, inclusion of 2 new procedures and revision of rates of PET CT Scan as per the details given below:

(all Figures are in Rupees)

S No	TREATMENT PROCEDURE and Investigations in CARDIOLOGY	CGHS package rates for NABH Hospitals	CGHS package rates for Non-NABH Hospitals
1	Balloon coronary angioplasty/PTCA	92,000	78,200
2	Balloon coronary angioplasty/PTCA without Vascular Closure Device	83,725	71,150
3	Rotablation Balloon Mitral Valvotomy /	56,206	47,775
4	Percutaneous transvenous mitral commissurotomy (PTMC) –	90,700	77,000
5	Cardiac Catheterization (CATH)	13,545	11,510
6	Coarctation dilatation	71,600	60,860
7	Temporary Pacemaker Implantation (TPI) (Temporary Cardiac Pacing) Single Chamber	19,200	16,320
8	Permanent pacemaker implantation (PPI)- Single chamber	32,000	27,200
9	Permanent pacemaker implantation- Dual Chamber	43,000	36,550
10	Permanent pacemaker implantation (PPI)- Biventricular	49,625	42,180
11	Automatic implantable Cardioverter defibrillator AICD Single chamber	50,000	42,500
12	Automatic implantable Cardioverter defibrillator AICD – Dual Chamber	52,350	44500
13	Combo device implantation	59,000	50,150
14	Diagnostic Electrophysiological studies conventional(including catheter)	66,000	56,100
15	Ambulatory BP monitoring	1,000	1,000

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16	External Loop/event recording (maximum up to 7 days)	1,500 first day and 1,000 for subsequent days	1,500 first day and 1,000 for subsequent days
17	Radiofrequency (RF) ablation conventional	96,000	81,600
18	Radiofrequency (RF) ablation Atrial Tachycardia/with 3-D mapping – all inclusive	1,81,000	1,53,850
19	Endomyocardial biopsy	Deleted	Deleted
20	Intra-aortic balloon pump (IABP) including Cost of Balloon	50,000	42,500
21	Intravascular coils	75,000	63,750
22	Septostomy- Balloon	30,000	25,500
23	Aortic valve balloon dilatation (AVBD) / Pulmonary valve Balloon Dilatation(PVBD)	56,400	47,940
24	Digital subtraction angiography-Peripheral artery	14,610	12,400
25	Digital subtraction angiography- venogram	14,610	12,400
26	Peripheral Angioplasty	55,500	46,750
27	Renal Angioplasty	55,000	46,750
28	Intravascular ultrasound (IVUS) –	50,000	50,000
29	Holter analysis	2,500	2,125
30	Inferior Vena Cava (IVC) filter implantation (Cost of Filter extra)	30,000	25,500
31	ASD/VSD/PDA device closure	ASD 98,900VSD 1,09,900PDA –	ASD 84,065VSD 93,415 PDA 46,750
32	Head–up tilt test (HUTT)	55,000	46,750
33	Stress Myocardial Perfusion Imaging(MPI)- exercise	4,000	3,400
34	Stress Myocardial Perfusion Imaging (MPI) – pharmacological	9000	7,650
35	Coronary angiography	9000	7,650
36	Pericardiocentesis	13225	11,240
37	Intracoronary optical coherence tomography (OCT) / Intravascular optical coherence tomography (IVOCT) /Intravascular Ventricular Assist System	10,000	8,,500
38	Fractional Flow Reserve (FFR) inclusive of cost of wire	65,000	65,000
	<u>New Procedures included</u>		
1	TAVI/TAVR Implant	Rs.30,000	30,000
	TAVI/TAVR Procedure cost	12,84,000	12,84,000
		1,00,000	85,000
2	IVL (Coronary Intra Vascular Lithotripsy / Short wave Lithotripsy) – including GST	2,68,000	2,68,000

Revised rates for PET-CT Scan

FDG Whole body PET/CT Scan	11,500	10,000
Brain/Heart FDG PET/CT Scan		
Gallium-68 Peptide PET/CT imaging for Neuroendocrine tumor		

2. These rates are applicable in all CGHS Cities.
- 3 . These rates are in supersession of the hitherto existing CGHS package rates for the above items. The other terms and conditions of empanelment shall remain unchanged.
4. The revised rates shall be applicable from the date of issue of this OM and shall be valid till further
5. This issues with the approval of Competent Authority and concurrence of Integrated Finance Division, Ministry of H&FW vide CD 2820 dated 19.12.2023.

Signed by
(Manoj Jain)
Director, CGHS



CGHS BENEFICIARIES' WELFARE ASSOCIATION OF INDIA (CBWAI)

CBWAI is a voluntary welfare organization that focuses on the well-being of CGHS beneficiaries across India. Established on August 1st, 2019, the association operates throughout the entire country, spanning North Zone 1 & 2, Central Zone, East Zone, South Zone, and West Zones.

Our primary objective is to advocate for our member beneficiaries by addressing their concerns on relevant platforms. We strive to streamline the processes associated with CGHS, making them more accessible. With an extensive record of accomplishments, we also aim to enhance the knowledge of our members regarding CGHS policies, procedures, and guidelines. Additionally, we publish two digital publications: a monthly Newsletter and a quarterly health magazine Aayushi. Furthermore, we offer various e-publications focusing on CGHS rules and regulations, along with a Handbook and several health-related books. To further support our members, we organize health webinars featuring expert speakers who address the specific requirements of senior citizens. To facilitate communication, we employ emails, web meetings and social media channels besides personal contacts. We have established numerous WhatsApp groups and maintain an active presence on Facebook. You can join our Facebook group by entering the URL: <https://www.facebook.com/groups/cbwai/> Currently, our Facebook page boasts approximately 12,140 + members.

You can access our membership form online by visiting the following URL: <https://tinyurl.com/y966p834> Alternatively, you can scan the provided QR code to obtain the membership form. The membership fee is Rs. 300/- for the main cardholder of the family, and this payment grants **lifetime membership**. Dependent beneficiaries are automatically considered our deemed members without any additional charges.

For more details of the association, please visit our website at URI <https://cbwai.simdif.com> or scan the QR codes given below.

Vishwa Nath Pandey

President

7011495295

T K Damodaran

General Secretary

9444944813

Chandra Kant Bapat

National Coordinator

9766017465

For any assistance, please contact our following office bearers:

- | | | |
|----------------------------------|------------------|-------------------|
| 1. Shri Subash Dhulekar | - Treasurer | 9665307144 |
| 2. Shri Dnyanesh Tambekar | - Vice Prescient | 9921112382 |
| 3. Shri R.L.Thakur | - Asst Treasurer | 9403567473 |

Website



Bank Account



Membership Form



Donation Form Form

