No. S-11045/40 /2012/CGHS/HEC/CGHS(P) Dated the 15th January, 2013

Subject : Regarding tests/investigation at private hospitals / diagnostic laboratories / imaging centres empanelled under CGHS

The undersigned is directed to refer to the Office Memorandum of even no. dated 1st January, 2013 on the above subject and to further lay down the procedure for getting the diagnostic tests / investigations carried out at the CGHS empanelled private hospitals / diagnostic laboratories / imaging centres on a valid prescription issued by a CGHS Medical Officer / Government Specialist, without a referral / permission letter from the Department concerned or CMO-in-charge of CGHS Wellness Centre, as the case may be.

2. The CGHS empanelled private hospitals / diagnostic laboratories / imaging centres shall perform the investigations / diagnostic tests as prescribed by the CGHS Medical Officer / Government Specialist on cashless basis to the CGHS pensioner beneficiaries, ex-MPs, freedom fighters and other eligible categories of CGHS beneficiaries, who are presently eligible for credit facility, at CGHS approved rates, only in respect of the tests / investigations for which CGHS rates are available.

3. The Serving beneficiaries will not require any permission from their Department for getting the diagnostic tests / investigations carried out in a CGHS empanelled private hospital / diagnostic laboratory / imaging centre in respect of investigations for which CGHS rates are available. They will get the prescribed tests done on payment basis and claim reimbursement from their Office.

4. For providing cashless facilities to the eligible CGHS beneficiaries, the empanelled private hospital / diagnostic laboratory / imaging centre shall obtain the prescription either in original or self-attested copy of the prescription and self attested photocopies of the CGHS card of the patient and the CGHS card of the main CGHS cardholder beneficiary and enclose the same with their bills for claiming payment from CGHS or the Department concerned, as the case may be. The hospital / diagnostic laboratory / imaging centre shall however, verify the self attested copies from the original prescription / CGHS cards, before allowing the credit facility to the eligible CGHS beneficiary.

5. The medical prescription issued by a CGHS Medical Officer / Government Specialist prescribing diagnostic tests / investigations shall be treated as valid for a single use within a period of two weeks from the date of prescription unless specifically provided otherwise by the Government Specialist in the prescription, about the date or period after which the prescribed tests are to be conducted for a follow up treatment. The medical prescription would require revalidation or issue of a fresh prescription from the prescribing CGHS doctor / Government Specialist for getting the prescribed CGHS doctor / Government Specialist for getting the prescribed tests done after expiry of the validity period of two weeks, as indicated above.

6. The CGHS empanelled private hospitals / diagnostic laboratories / imaging centres shall provide cashless facilities to the serving CGHS beneficiaries entitled for credit facilities in terms of this Ministry's OM No. Rec.1-2008/ Gr./CGHS/Delhi/CGHS (P)

dated 10.06.2008, on submission of a self attested photocopy of his / her Identity card issued by the Department / Ministry, alongwith self attested photocopies of the CGHS card of the patient and the main cardholder. The hospital / diagnostic laboratory / imaging centre shall enclose the above documents with their bills to the Department concerned for claiming payment.

No. Z-16025/98/2017-CGHS-III **Dated the 11th July, 2017**

Subject : Guidelines for special provisions to CGHS beneficiaries aged 80 years and above.

With reference to the above mentioned subject the undersigned is directed to convey the approval of competent authority for special provisions under CGHS to the beneficiaries aged 80 years and above, in continuation of earlier guidelines in this regard, as per the details given below :

a) Consultation of Doctor at CGHS Wellness Centre without standing in Queue.

b) CGHS Doctors shall enquire by phone, at least once in a month to enquire about their wellbeing/make a home visit if residing within 5 K.M.s of CGHS WC.

c) Settlement of medical claims on priority out of turn.

d) Follow up treatment from same specialist in non-empanelled hospital from where he/she was earlier taking treatment as a special case in view of advanced age and difficulty to change physician subject to the reimbursement limited to CGHS rates and collection of medicines as per CGHS guidelines.

No. Z 15025/33/2018/DIR/CGHS **Dated the 1st May, 2018**

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

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

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

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

No. : Z 15025/51/2018/DIR/CGHS/EHS **Dated the 6th June, 2018**

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

With reference to the above subject the undersigned is to draw attention to the revised timelines and constitution of High Powered Committee in compliance of the directions of Hon'ble Supreme Court of India in their Judgement in the WP(Civil) No 694 of 2015 between Shiva Kant Jha Vs U01 delivered on 13th April 2018 and to state that it has been decided to issue guidelines to the Additional Directors of CGHS for implementing these decisions. The new guidelines are enclosed for perusal and compliance. (reproduced below)

GUIDELINES TO PROCESS THE REQUESTS FOR SETTLEMENT OF THE MEDICAL CLAIMS

1. New Timelines for settlement of the Medical Claims

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

2. Full reimbursement case /Cases for relaxation of Rules

As per the new guidelines they fall into two categories

(a) Full reimbursement — Non-HPC (Non- High Power Committee) cases

(b) Full reimbursement — HPC (High Power Committee) cases

a) Full reimbursement - Non-HPC cases

The following cases fall under this category;

i) Treatment was obtained in a private unrecognized hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalized for a prolonged period.

ii) Treatment was obtained in a private unrecognized hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma , Septicemia, Multi-organ failure, etc.

iii) Treatment was obtained in a private unrecognized hospital under emergency for treatment of advanced malignancy.

iv) Treatment was taken under emergency in higher type of accommodation as rooms as per his/her entitlement are not available during that period.

v) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections.

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

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

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

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

The requests for full reimbursement as examined by Additional Director (HQ)/ Addl. DDG(HQ), in consultation with expert committee meetings, wherever deemed necessary and recommended for full reimbursement shall be submitted to Director, CGHS and concurrence of IFD may be obtained after approval of AS&DG, CGHS before the seeking the approval of Secretary for reimbursement in excess of CGHS rates.

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

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

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

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

b) Full reimbursement - HPC cases

The Composition of High Power Committee, shall be as under:

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

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

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

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

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

Addl Directors shall submit the files with relevant documents to the AD(HQ) / Addl. DDG(HQ) for placing the representations before High Power Committee. AD(R&H) shall be Member Secretary , who shall with the help of Sr. CMO of the Office of AdI.DDG(HQ) shall issue meeting notices including notices to concerned Govt. Specialists and organize meeting for the Meetings of High Power Committee. The requests received upto the 15th of the month shall be placed before the Committee. If the High Power Committee does not recommend the regret letters shall be issued explaining the reasons.

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

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

Expert Committee meetings for other purposes shall continue to be held as in the past in the following cases: Expert Committee meetings for Consideration of Liver Transplant cases, Bariatric Surgery, Bone-marrow I Stem Cell Transplant, Justification of treatment/ Implants in selected cases shall continue as before. Standing Committee meetings for Cochlear Implant shall continue as before. Expert Committee meetings for approval of Drugs, etc., shall continue.
