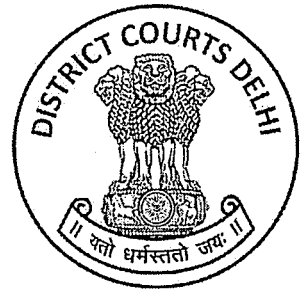

**Azadi Ka
Amrit Mahotsav**



**OFFICE OF THE PRINCIPAL DISTRICT & SESSIONS JUDGE
(HEADQUARTERS): DELHI**

**HANDBOOK
FOR
MEDICAL REIMBURSEMENT
(3RD EDITION)**

ON

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
(D.G.E.H.S)**

Compiled by

RAJ KUMAR KUNDOO

**DRAWING & DISBURSING OFFICER /ACCOUNTS OFFICER
CENTRAL DISTRICT, TIS HAZARI COURTS
DELHI**

from desk of
Principal District & Sessions Judge(HQ)
Tis Hazari Courts,
Delhi.

Dear friends,

Nobody can do everything. But everybody can do something.

I am delighted to present this Handbook for Medical Reimbursements, conceptualized and prepared by Shri Raj Kumar Kundoo, Drawing & Disbursing Officer, Central District, Tis Hazari Courts, Delhi.

Often, it is heard that decisions of finance departments in regard to rejection or reduction of medical reimbursement claims are arbitrary, and worse, at times even vindictive, which leads to unnecessary litigation. At the same time, there also are instances where we feel unaware or at least unsure about our financial entitlements related to the medical reimbursements. Even when a medical reimbursement claim is lawfully rejected or reduced, we feel aggrieved. All that generates avoidable cynicism and distrust against our own institution. This handbook will surely be of great help towards better administration by guiding us as regards our entitlements.

Digitally signed by GIRISH
KATHPALIA
Date: 2022.10.05 16:18:39 +05'30'
Girish Kathpalia



P R E F A C E

This information Booklet contains procedure for Medical Reimbursement to the D.G.E.H.S beneficiaries has been prepared to facilitate them to avail medical claims without hassle. This Information Booklet (HANDBOOK) comprises almost all the Medical Attendance Rules and Queries pertaining to medical claims

This edition contains useful & latest CS (MA) rules and Office Memorandums that are circulated/issued or modified time to time by the worthy D.H.S, Govt. of N.C.T of Delhi. The various important information have been re-arranged with suitable headings for the betterment of beneficiaries.

This Handbook can be used as ready reckoner and just a compilation of authentic rules and regulations issued by DGEHS and published on the website.

I am thankful to the learned Principal District & Sessions Judge (HQs) and learned Controlling Officer & Head of Office to encourage and support to release this edition of Information Booklet (HANDBOOK).

I am also thankful to Mr. Vijay Verma-Judicial Assistant and Mr. Ashish Massey-Judicial Assistant for compilation and bring the information in the shape of this booklet .

Needless to say, the motto behind publication of this Information Booklet (HANDBOOK) on Medical reimbursement is to assist all the beneficiaries to update them as how to submit a medical claim in prescribed manner to avoid objections and timely consideration for reimbursement thereto.

Hope this Information Booklet (HANDBOOK) may serve the purpose and help the beneficiaries at large.

Delhi, October, 2022.

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DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME

Delhi Government Employees Health Scheme (DGEHS) was launched in April 1997 with a view to provide comprehensive medical facilities to its employees and pensioners and their dependents on the pattern of Central Government Health Scheme. **All health facilities (hospitals/dispensaries) run by the Govt. of NCT of Delhi and autonomous bodies under Delhi Government, local bodies viz. MCD, NDMC, Delhi Cantonment Board, Central Government and other Government bodies such as AIIMS, Patel Chest Institute (University of Delhi) etc. are recognized under the scheme.** In addition, some Private Hospitals/Diagnostic centers notified from time to time are also empaneled/ empaneled as referral health facilities.

GENERAL SCOPE

Employees and their dependent family members are entitled to reimbursement for medical attendance and treatment viz. OPD/IPD only in Delhi and NCR Region as per DHS/DGEHS provisions, approved rates and as per entitlement of the employee concern at Delhi Government Dispensaries run by Delhi Government and Recognized Private Hospital empaneled under DHS/DGEHS.

SALIENT FEATURES OF THE SCHEME

Comprehensive health Care services to employees and pensioners through network of Delhi Government dispensaries, Hospitals and Govt./Private empaneled Hospitals and Diagnostic Centers.

- ❖ All Hospitals/Dispensaries under Delhi Govt., its autonomous bodies and under local self-Governance Bodies (viz. Municipal Corporation of Delhi, New Delhi Municipal Council and Delhi Cantonment Board) are recognized for the purpose of medical attendance. Under the scheme it is envisaged to empanel Private Hospitals and Diagnostic Centers in addition to already existing Government facilities for the beneficiaries for availing hospital care

and diagnostic facilities. These Private Hospitals/ Diagnostic centers are also envisaged to provide cashless facility in case of medical emergencies to the beneficiaries.

- ❖ Treatment in any central government, state government, autonomous hospital under government and any government body can be availed without referral from AMA.
- ❖ DGEHS beneficiaries on production of a valid DGEHS card can avail of treatment facilities at AIIMS and Autonomous Hospitals under GNCT of Delhi viz. Institute of Liver and Biliary sciences (ILBS), Delhi State Cancer Institute (DSCI), Institute of Human Behavior and Allied Sciences (IHBAS) and Maulana Azad Institute of Dental Sciences (MAIDS) etc. **No prior permission / approval is necessary from concerned Authorized Medical Attendant (AMA) for this facility.** The expenditure on treatment is reimbursed as per entitlement of the beneficiary, as per DGEHS/AIIMS rates or actual, whichever is less.
- ❖ Based upon CGHS pattern
(O.M. dt.:24/04/2011, related Automatic adoption of CGHS rates at DGEHS information booklet at page no.91)
- ❖ Membership is compulsory for all eligible serving employees and for retired employees they have to opt the scheme or Fixed Medical Allowance at the time of retirement.
- ❖ Each beneficiary (employee/pensioner) to get attached to Delhi Government Allopathic Dispensary/ Hospital and that would be his/her AMA for all the purpose.
- ❖ Benefits of the scheme are prospective in nature.

- ❖ On the basis of prescribed rate of Contribution for its membership.
- ❖ The need for Authorization/Referral for entitled treatment for self and dependent family members in private recognized hospitals for all subscribers/beneficiaries of DGEHS is not required for serving employees and pensioner beneficiaries.
(As per O.M dated 17/08/2015)
- ❖ Treatment facilities – cashless facility for all beneficiaries during emergency in empaneled private hospitals, and for pensioners' cashless facility is available even in non-emergent conditions.
(O.M. dt.: 25/10/2007)
- ❖ Prevailing CGHS rates for availing treatment/diagnosis in private empaneled hospitals/diagnostic centers.

TREATMENT COVERED UNDER DHS/DGEHS SCHEME IN DELHI & NCR REGION

The following facilities are being provided to the beneficiaries through the recognized health facilities under DGEHS i.e Govt. dispensaries/ hospitals & Private empaneled hospitals:

- ❖ Out Patient care facilities in all systems.
- ❖ Emergency IPD services in Allopathic system:
 - (i) **In emergent conditions** beneficiary can go to any of the Govt./Pvt. empaneled institution near to residence or place of illness directly without being formally referred by AMA.

- (ii) Treatment in private hospitals not empaneled under the scheme near the place of illness / trauma in medically emergent conditions will also be admissible, subject to ceiling DGEHS rates applicable as per entitlement, when treatment is necessitated in such hospitals being situated near the place of illness / trauma and when no other empaneled/government facility is available nearby or due to circumstances beyond control of the beneficiary. The genuineness of the emergent condition shall be evaluated on case to case basis. Merely getting admitted through emergency, without any justifiable emergent condition, shall not make beneficiary entitled for the benefit.
- (ii) **Cashless treatment Facility** as per entitlement in empaneled private hospital /diagnostic centers in Delhi is available to serving employees and pensioners' in emergent conditions on production of valid DGEHS Card.

"As per clarification dt. 02/01/2019 it has been replied that in emergency situations to serving employees. This facility is available to serving employees in emergency who are required to submit a certificate from DDO/HOO showing that the employee is working in that office, his/her entitlement and the bills may be submitted to that office which is to be cleared as per provisions of the scheme."

- ❖ Free supply of necessary drugs (subject to fulfillment of certain conditions of obtaining N.A from concerned DGD).
- ❖ Laboratory and Radiological investigations.
- ❖ Super specialty treatment i.e. Kidney transplant, CABG, Joint replacement etc.
- ❖ Family Welfare Services.

- ❖ Specialized treatment/Diagnosis in hospitals, both in Govt. and private empaneled hospitals /Diagnostic centers under DGEHS.
- ❖ Medical attendance including consultation with the AMA (doctor) at a DHS/DGEHS dispensary or at recognized hospitals.
- ❖ X-ray, Laboratory and other diagnostic facilities at DHS dispensary or recognized hospital/centers,
- ❖ Supply of drugs prescribed by the AMA (doctor), administration of injections, dressings, minor or major surgical procedures or specialist treatments,
- ❖ Hospitalization facilities i.e. Antenatal, Confinement, Postnatal care facilities.
- ❖ Treatment at a Specialized Hospital viz. Gynae & Obst., nephrology & Urology, General Surgery, Ophthalmology, Cardiology, Nephrology, Bariatric Surgery, Cancer surgery & Treatment, Pediatrics treatment, Dental treatment, ENT treatment, Super speciality treatment of Cancer, Kidney/Liver transplant and Coronary Artery Bypass Grafting (CABG), Angioplasty/PTCA, Cataract treatment (IOL) etc.
- ❖ Reimbursement of Cost of Digital Hearing Aid, Cyper Stents (up to maximum of 03 stents in r/o serving or pensioner), **CPAP/BIPAP Machines** (after five years subject to production of condemnation certificate) for domestic use, cost of Neuro – implants viz Deep Brain Stimulation Implant, Intra – Thecal Beclofen Pump, Cochlear implants (**subject to prescribed condition**) etc.

PERMISSION FOR OXYGEN CONCENTRATOR/ CPAP/ BIPAP

Documents required to be submitted by pensioner beneficiary at parent Wellness Centre:

1. Request letter of beneficiary.
2. CGHS card copies of card holder and of dependent patient.
3. Duly filled Specified proforma to be filled by treating empaneled hospital/Government specialist clearly specifying type of equipment required along with flow rate.
4. Detailed reports (sleep studies, thyroid function tests, electrolytes, Blood gas analysis etc.)
5. Affidavit to undertake maintenance of the equipment and to return the equipment to CGHS once its utility is over.
6. Undertaking from Card holder that he has not been reimbursed the cost of Oxygen Concentrator/CPAP/BiPAP in the preceding five years for the said dependent.
7. The replacement of the machine is permissible after 5 years subject to submission of condemnation /un serviceable certificate provided by the service engineer. The procedure for getting permission for replacement of the device involves the same procedure.

Permission shall be accorded after the application is examined by the committee.

Reimbursement procedure

Documents required are:

1. Covering letter from Card holder.
2. Copy of CGHS card.
3. Duly filled claim form and bank mandate form and other relevant documents.
4. Bill/Receipt (original) indicating the details.
5. Payment proof.
6. The original permission letters.

The reimbursement shall be restricted to ceiling rates or the actual, whichever is lower.

- ❖ Reimbursement of the cost of various artificial appliances (Initial Supply, replacement and repair) including the cost of Heart Pace Maker and replacement of pulse generator (except AICD), cost of replacement of diseased Heart Valves, Hearing Aids, Artificial Electronics Larynx, Knee and Hip implants, Intraocular lenses, Coronary Stents and Brain implants etc. shall be made by the concerned Head of the Department as per rules defined in CS(MA) Rules 1944 and CGHS Rules applicable at the time of procurement (subject to conditions).
- ❖ Reimbursement of Ambulance Charges subject to conditions.
- ❖ Reimbursement of physiotherapy, occupational therapy, speech therapy etc.
- ❖ Reimbursement of expenses of In-Vitro Fertilization (IVF) treatment subject to conditions.

Out Patient Care (OPD) & In-Patient Department (IPD) – The facilities in all systems i.e:

- Allopathy,
- Homeopathy,
- Ayurvedic,
- Unani,
- Yoga and Siddha,

can be availed at government dispensaries, government hospitals. There is no need to get referral/authorization from AMA for treatment in any Govt. and Autonomous hospitals / dispensaries. The facilities can also be availed in private empaneled hospitals/ diagnostic centers directly without any referral or prior

advice of Medical Specialist of Government Hospital of that particular field OR as per provisions of the scheme.

- ❖ **MEDICAL ADVANCE:** As per Office Memorandum dt.17/10/2016 issued from MHFW, Department of Health & Family Welfare, **Grant of 90% Medical Advance for all treatments (IPD and OPD) under CGHS and CS(MA) Rules, 1944.** The heads of the departments of Delhi Government are competent to sanction medical advance to the extent of 90% of the estimated cost of treatment for major / serious illnesses in accordance with the provisions of CS(MA) Rules 1944 (**subject to fulfillment of certain terms and conditions as mentioned in CS(MA) Rules**). Medical advance may be issued by the concerned HOD in both the treatments (**IPD & OPD**) on production of copies of valid Medical card, Estimate provided by Government / Private empaneled Hospital, OPD card and an application for the same.
- ❖ **PAYMENT/REIMBURSEMENT TO MEDICAL EXPENSES FROM TWO SOURCES VIZ. FROM THE INSURANCE COMPANIES AND THE DGEHS**
- ❖ The beneficiaries who have subscribed to Medical Insurance Policies in addition to availing DGEHS facilities may be allowed to claim reimbursement from both the sources subject to the condition that the reimbursement from such sources not exceeds the total expenditure incurred by the beneficiary on the treatment. The beneficiary will make the first claim to the insurance company and the second claim to the DGEHS or the department concerned. The medical claim against the 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 DGEHS or Head of the Department concerned. The insurance company will retain the original vouchers / bills 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 insurance company on the reverse of the vouchers / bills to the concerned organization. Reimbursement from DGEHS or Department concerned 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.

FACILITIES NOT ADMISSIBLE FOR REIMBURSEMENT:

- ❖ Treatment outside India.
- ❖ Administration of routine injections, dressing at one's residence.
- ❖ No claim from non- empaneled private hospital / diagnostic centers shall be entertained under any circumstances for the treatment underwent in non-emergent conditions.
- ❖ **Testing of eyesight for glasses at recognized hospitals by specialists.**
Government servants may have their eyesight tested for glasses at a Government/recognized hospital, once in every three years on the recommendation of the authorized medical attendant. The above concession does not include provision of spectacles at Government expense. Families of Government servants are not entitled to the above concession (in accordance to CS (MA) Rule book at Page no.210 Para no.13).
- ❖ Orthodontic treatment, Except Extraction, Scaling and Gum treatment, Feeling of Teeth, Root Canal Treatment, Reimbursement of Complete denture (in accordance to CS(MA) Rule book at Page no.51 to Page no.53)
- ❖ Any treatment cosmetic in nature, Tonics, food Supplements, cosmetics, supply of vitamins, minerals and anti-oxidants Milk powder, Glucose/Energies powders, Toilet preparations, the products

(disinfectants/antiseptics) marked by different manufacturers etc. and the medicines which are mentioned at CS(MA) Book, also not reimbursable.

- ❖ ***Ayurvedic preparations prescribed by Allopathic doctors will be inadmissible.***
- ❖ Vaccines, in general will be inadmissible.
- ❖ Orally/telephonically recommended medicines by the Doctor are not admissible as per rules.
- ❖ Lifelong medicines shall be reimbursed to the beneficiary only after getting a certificate mentioning the lifelong medicines from the concerned Doctor on the letter head/OPD ticket of the concerned Hospital.

ELIGIBILITY

- ❖ All the Government working and retired employees (including family pensioners) and their dependent family members (As per CS (MA) rules are eligible for becoming the member of Delhi Govt. Employees Health Scheme.
- ❖ The family pensioners are also eligible to become the members of the scheme.
- ❖ The scheme has been made open ended i.e the pensioner can become the member of the scheme at any time.
- ❖ As per CSMA rules/CGHS Guidelines for Serving Employees "Family" means:
 - (i) Husband or wife as the case may be.
 - (ii) Wholly dependent/minor children, (Unmarried son- up to age limit of 25 yrs, Unmarried
 - (iii) Daughter & widowed daughters (Not their children) - No age limit.

- (iv) Sisters – unmarried or widowed sister – No age limit.
- (v) Brothers – Minor (18 Years)
- (vi) Step children and parents.
- (vii) Grandparents, grand-children, daughter in law etc. are not eligible as dependent under the scheme under any circumstances.

NOTE: For availing medical facilities under DGEH Scheme spouse, children, parents, sisters, widowed/ divorced / separated daughters, minor brothers, stepmother shall be deemed to be dependent on the government servant if they are normally residing with him/her and their income from all sources including pension and pension equivalent to DCRG benefit/family pension, does not exceed Rs. 9,000/- plus amount of dearness relief thereon drawn as on the date of consideration (w.e.f. 31.1.2017), as per provisions contained in CS(MA) and CGHS rules issued from time to time.

(Copy of O.M. dt.:19/01/2012 of DGEHS information Booklet page no.111 and O.M. dt.:31/01/2017 for dependency)

- ❖ Govt. employee which are getting fixed medical allowance, have to opt either for membership of Delhi Govt. Employees Health Scheme by surrendering the fixed medical allowance facility or they can opt fixed medical allowance. **Dual benefits are not allowed under Delhi Govt. Employees Health Scheme.**
- ❖ In case the retired employee is getting FMA and wants to opt the scheme then he has to first apply for stopping the FMA then he has to deposit the requisite subscription of the DGEHS at the prevailing rates. Only one time switchover is permissible in lifetime.
- ❖ As per CS (MA) rules in Case spouse of employee is also Govt. servant then if only one of the spouses wants to avail the benefits of the scheme, the other spouse being considered dependent for the purpose of medical

benefits may be beneficiary provided he/she is not getting any type of medical benefit/allowance in this regard from his/her office. A joint declaration in this regard that both of them will be getting the benefits under the scheme may be obtained from them while issuing the membership/health card.

SUBSCRIPTION FOR THE SCHEME

The following are the current rates of subscription on the basis of Pay / pension of the Delhi Government Employees/ Pensioners: w.e.f. 1st Feb' 2017:

Sr.No.	Corresponding levels in the Pay Matrix as per 7th CPC	Rate of monthly Subscription
1	Level 1 to 5	Rs.250.00
2	Level 6	Rs.450.00
3	Level 7 to 11	Rs.650.00
4	Level 12 & above	Rs.1000.00

- ❖ The subscription to the scheme in case of employees would be deducted from salary on monthly basis.

CONTRIBUTION BY PENSIONERS

Pensioners/Family pensioners have an option to get the membership of the scheme and get their DGEHS Pensioner card made by paying a lump sum amount equivalent to 10 years contribution as due on the date of becoming life time member of the scheme. The beneficiary is not covered under the scheme during the period for which contribution has not been paid. The scheme has been made open ended for the pensioners i.e. the Pensioners who are not members of the scheme can opt for scheme at any stage by paying its contribution at the prevailing rates.

- ❖ The subscription for the pensioners for the scheme would be applicable from the date of application
- ❖ The Subscription is to be deposited by the pensioner in the concerned office and a TR5 is issued in this regard. For any clarification the PAO may be contacted in this regard.
- ❖ The subscription fees deposited by the pensioner and its validity shall be clearly mentioned on the card.

Entitlement of ward for indoor treatment (IPD) in empaneled hospitals:

Sr. No.	Corresponding levels in the Pay Ward entitlement Matrix as per 7 th CPC	
1	Up to Rs. 47,600/-	General ward
2	Rs.47,601/- to Rs.63,100/-	Semi-Private ward
3	Rs.63,101/- and above	Private ward

PROCEDURE FOR ISSUING OF MEDICAL CARD:

- ❖ An employee / pensioner first may approach to his respective office from where he/she is drawing his/her salary/pension to get DGEHS membership.
- ❖ Respective administrative office would issue the Medical Index forms to the applicant which is to be filled up by the applicant.
- ❖ Respective office shall verify all the details as per the service record and as per CS(MA) rules of the applicant.
- ❖ Respective office shall ask the applicant pensioner to submit the requisite prevailing subscription as per the provisions of the scheme.

- ❖ The Medical Facility Card will be issued by respective office after verifying the records and as per eligibility and depositing of requisite amount (If any).
- ❖ There are three copies of Medical Index Form, after issuance of the card to the applicant, one copy of Index Form has to be retained by the card issuing authority, Second copy has to be submitted to the AMA and third copy of index form has to submit to SPO (DGEHS) by the card issuing authority.
- ❖ Applicant has choice to choose his AMA i.e. Delhi Govt. Allopathic Dispensary or Delhi Govt. Allopathic Hospital to which he wants to attach as per his convenience. Changing of the AMA is not permissible under normal circumstances except on change of residence of the card holder or any valid reason to the satisfaction of issuing authority.
- ❖ The subscription of the applicant would be submitted to the concerned deptt. from the date applicant applies for the membership.
- ❖ Respective administrative office must decide the entitlement of the beneficiary on the basis of the basic pay drawn by the employee or the last basic pay drawn in case of pensioner as per the provisions of the scheme.
- ❖ Respective administrative office must mention the validity of card and entitlement of ward of the beneficiary on the card.
- ❖ The subscription amount deposited by the pensioner shall be clearly mentioned on the card.
- ❖ When there is a change of residence necessitating change of AMA, the Govt. Servant concerned should submit an application in duplicate to the card issuing Authority together with DGEHS Medical Facility Card. The card

issuing authority shall make entry in the DGEHS Medical facility Card and index form and attest the same. The Medical Officer I/c will make entry in the records and shall hand over the index form to the card holder with the directions to hand over the same to the Medical Officer I/c of the new dispensary i.e new AMA.

- ❖ The department may ensure that DGEHS card issued to that employee while in service must be surrendered at the time of retirement.
- ❖ Issuance of any DGEHS card not as per the provisions of the scheme would be the responsibility of card issuing authority.
- ❖ Any addition / deletion in family must be informed immediately by the beneficiary to his / her office.
- ❖ The card issuing authority would be responsible for all the entries entered on the card.

ADDITION OR DELETION OF DEPENDENTS:

Addition to the family may be required in following cases:

- (i) Marriage of the DGEHS beneficiary (requiring inclusion of spouse's name)
- (ii) Birth of a child
- (iii) Parents becoming dependents.

The beneficiary shall submit a request in his/her office for addition of a name in the list of dependents along with required documents. The department shall take a decision in view of dependency rules. The name shall be added by the concerned office in the family and intimation of the same shall be sent to AMA and DGEHS branch at DHS (Head Quarters).

DELETION FROM THE FAMILY:

Deletion to the family may be required in following cases: -

- (i) Deletion of the name of a member shall be required, in the following circumstances-
- (ii) Death of eligible member in the family
- (iii) Member becoming ineligible to be included (i.e. falling outside the scope of dependency). It is the responsibility of the beneficiary to get the name of the dependent deleted from DGEHS card when such an eventuality occurs. The name shall be deleted by the concerned department. Intimation for the same shall be sent to AMA and DGEHS branch at DHS (Head Quarters). Failure to do so shall entail disciplinary proceedings being initiated against the beneficiary in terms of CCS (CCA) Rules 1965.

IN CASE OF LOSS OF CARD

In case of loss of health card, the issuing department shall issue duplicate health card on receiving an application, a copy of FIR / Complaint lodged with police regarding loss of health card, payment of Rs.10/- for issue of duplicate card and two latest family photographs of the beneficiary.

INSTRUCTIONS FOR GOVERNMENT SERVANTS SETTLEMENT OF MEDICAL CLAIMS

For the settlement/reimbursement of medical claim the beneficiary should submit an application form i.e. Annexure – I & II (Annexed underneath) to the concerned department for claiming reimbursement of medical expenditure and settlement of any advance. The claim should be filed within 06 (Six) months of discharge from the hospital / treatment taken. The application should be submitted along with the following documents mentioned in “**Modified Checklist form for reimbursement i.e. Annexure – I & II**” (annexed underneath) :-

(Annexure – I & Annexure – II)

Specimen

DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. DGEHS Card No. And Place of Issue : _____
2. Validity of DGEHS Card : From _____ to _____
3. Ward Entitlement (If Admitted in Hosp.) : Pvt. / Semi Pvt. / General
4. Full Name of Employee/Beneficiary : _____
(In Block letters)
5. Designation : _____
6. The following documents are attached (please tick (/) the relevant column)

(a)	Revised Medical Form—2004:	Yes/No
(b)	Photocopy of DGES card showing Validity:	Yes/No
(c)	Photocopy of referral/authorization form from AMA	Yes/No
(d)	Original Bills	Yes/No
(e)	Copy of prescription for OPD cases/Discharge summary for Indoors Cases:	Yes/No
(f)	Breakup for lab investigation:	Yes/No
(g)	Breakup of drugs prescribed:	Yes/No
(h)	Emergency certificate from hospital empaneled/registered with Government in case of emergency admission.	Yes/No
(i)	Self-explanatory letter showing the need of emergency visit	
(ii)	(in emergency case):	Yes/No
(j)	Non-availability certificate from AMA (attached dispensary/Hospital) for drugs prescribed in OPD:	Yes/No
(k)	If original papers have been lost the following documents are submits (if applicable):	Yes/No
	(i) Photocopies of claim papers:	Yes/No
	(ii) Affidavit on Stamp Papers:	Yes/No
(l)	In case of death of card holder, the following documents are submitted (if applicable):	
	(i) Affidavit on Stamp Paper by claimer:	Yes/No
	(ii) No Objection from other legal Heirs on Stamp paper:	Yes/No
	(iii) Copy of death certificate:	Yes/No
7. Name of the bank _____ Branch address _____
 _____ Branch MICR code _____ IFS Code _____ Tel. _____
 No. Of Bank Branch _____

Dated: - _____

Signature of DGEHS card holder

Tel. No. (O): _____

(R): _____

Note: -

Place of Posting:

1. Kindly enclose photocopy of cancelled cheque for online transfer of money to the account of beneficiary
2. Provide one original copy and two Photocopies of complete set of Claim.

**DELHI GOVERNMENT EMPLOYEE HEALTH SCHEME
REVISED MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF DGEHS
BENEFICIARIES**

(to be filled by the claimant)

1. DGEHS Card No. And Place of Issue : _____
2. Validity of DGEHS Card _____
3. Ward Entitlement (If Admitted in Hospital) _____
4. Full Name of Employee/Beneficiary : _____
(In Block letters)
5. Full Address : _____
6. Telephone No. (O) _____ (R) _____ (M) _____
7. E-Mail address if, any : _____
8. Name of Bank _____ Branch address _____
Account No. _____ Branch MICR code _____
IFS Code _____ Tel. No. Of Bank Branch _____
9. Name of the patient & relationship with the card holder: _____
10. Basic Pay (excluding grade pay) : _____
11. Name of the Hospital with address: _____

a) OPD treatment (investigations) & period of treatment: _____

b) Indoor treatment Date of admission: _____

12.

Total amount claimed	Consultation Charges	Investigation Charges	Medicine Charges	Other Charges	Total
For OPD Treatment					
For Indoor Treatment					

13. Details of Referral: _____
14. Details of Medical advance, if any: _____

DECLARATION

I hereby declare that statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is which dependent on me. I am a DGEHS beneficiary and the DGEHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of DGEHS card holder
Place of Posting:

Note: Misuse of DGEHS facilities is a criminal offence, suitable action including cancellation of DGEHS Card shall be taken in case of willful suppression of facts or submission of false statement. Suitable disciplinary action shall be taken in case of serving employees.

Moreover, following guidelines are also required to be followed:

- ❖ Whenever you need medical attendance and /or treatment for yourself or your family, please consult your Authorized Medical Attendant first. As the Medical Attendance Rules turn around him, you will not be entitled to any reimbursement unless you consult him and proceed in accordance with the advice. You should also strictly follow the instructions laid down.
- ❖ When you go to the hospital for admission of yourself or any member of your family as in-patient, inform your being a Delhi Government servant and of your pay so as to enable the authorities of the hospital to allot you accommodation as per your entitlement. Always keep your valid medical facility card as a proof of your DGEHS membership and your entitlement.
- ❖ Once you are admitted as in-patient in a hospital, you are bound by the rules and procedure in that particular hospital. Rules and procedure vary from hospital to hospital.
- ❖ At the time of leaving the hospital after treatment, please get the hospital bill and receipts, vouchers etc., duly signed or countersigned for the purpose of claiming refund of expenses incurred.
- ❖ In emergent cases involving accidents, serious nature of disease, etc., the patient can be admitted in a private hospital in case no Government or recognized hospital is available nearer than the private hospital and the case is one of real emergency necessitating and circumstances beyond control for such admission and treatment.
- ❖ Prefer your claims for refund of medical expenses incurred, in the relevant application form, giving full particulars call for therein and also attaching all

the certificates required to be produced under the rules. This will avoid as far as possible any delay in settling your claims.

- ❖ In case of Maternity/Pregnancy it has been observed/noticed that most of the beneficiaries take treatment through Nursing Homes/Private Clinic and in last submits the Emergency Certificate which is not permissible. The beneficiaries should take treatment through Recognized Private Hospitals only and in case of real Emergency the treatment can be obtained from nearby Private hospitals/clinics. However, reimbursement of above claim depends upon the circumstances and situation within the ceiling of DGHS rates.
- ❖ It may be noted that before taking treatment in empaneled/Recognized private hospital, the beneficiary must make himself satisfied/clear, as to whether the said empaneled/Recognized private hospital from which he/she is taking treatment is empaneled under DHS for the said treatment.
- ❖ Download list of empaneled hospital/centers from the Delhi Government official website time to time, to ensure the empanelment of the hospital/center.

It is assumed that all the beneficiaries of this establishment may go through this information Hand booklet carefully and get the maximum benefits of the instruction and the guidelines mentioned herein, as this information Hand booklet is exclusively written for keeping in view the problems of the beneficiaries while submitting the Medical Claim.

It is presumed that the beneficiaries will follow the same and the purpose of formation of this information booklet will be served.

Moreover, further Necessary information can be obtained from the Delhi Government DGEHS official Website.

RECENT IMPORTANT OPINIONS/CLARIFICATIONS RECEIVED FROM DGEHS

Necessary opinions in different cases time to time obtained from worthy DHS, Govt. of NCT of Delhi is as under:

1. In one of the medical claims *vide U.O no.36166/DHS dt.26/12/2013*, it is opined ***“Courier charges for CNI is not admissible”*** {Patient was advised/prescribed “Serotonin Serum” from any approved DGEHS Panel lab and the same was got conducted from “Dr. Lal Path Labs” but the blood sample was sent to ***“United States”*** for examination and courier charges were charged for CNI for Rs.1500/-

(Courier charges for lab-test inadmissible)

2. In one of the medical claims *vide U.O no.24863/DHS dt.22/06/2011*, it is opined that “Director, G.B. Pant Hospital” with the opinion of HOD, Cardiologist that use of drug eluded Stent in all the three sites are justified & done in the best interest of patient.

(Drug eluded 3rd Stent is admissible)

3. In one of the medical claims *vide U.O no.31595/DHS dt.15/01/2013*, following has been opined:
 - Treatment for one ailment cannot be taken from two or more systems i.e., Allopathic, Ayurvedic & Hemopathy simultaneously during same period.
 - Blood Sugar Strips and Blood pressure machine is not admissible as pr provision of scheme.

(Treatment from two systems simultaneously is inadmissible)

4. In one of the medical claims *vide U.O no.36005/DHS dt.11/12/2013*, it has been opined ***“essential certificate is required form concerned AMA before reimbursement on these medicines i.e., Tab. Shelcal, Supracal,***

Citromacalvit and Calciorol Sachet. Further Cap. Revital is Ayurvedic preparation and it cannot be reimbursed on the advice of Allopathic doctor. Moreover, Digene is an Antacid, therefore, it is admissible. (Admissibility of Medicines)

5. In one of the medical claims *vide U.O no.36004/DHS dt.19/12/2013*, it is opined *"the patient was shifted from empaneled hospital i.e., "Escorts Hospital" to non-empaneled hospital i.e., "Medanta Medicity Hospital" which is far away from her resident. Therefore, there is no proper justification for the same. The matter does not fit into any of the clauses of OM dt.02/02/2010 for relaxation of rates for full reimbursement". (treatment from Empaneled to Non-Empaneled Hospital is inadmissible)*
6. In one of the medical claims *vide U.O no.37153/DHS dt.12/02/14*, it is opined *"treatment for 'Phacomosphic Glaucoma (Cataract)' in emergency at non-empaneled hospital is emergent in nature".*
7. In one of the medical claims *vide U.O no.32187/DHS dt.11.03.2013*, it is opined *"As per CS(MA) Rules, there is no provision of reimbursement of expenditure on stocking." (reimbursement of Stocking is inadmissible)*
8. In one of the medical claims *vide dt.15/07/2014* following has been opined *"Drug Cartigen Duo and Cartigen Forte are similar in nature used for Osteoarthritis containing Glucosamine + Diacerein + Antioxidant + Vitamin + Mineral. Both medicines are Food Supplements, hence both are inadmissible. Carered Gold is multivitamin preparation, hence inadmissible. Volini Spray and Volitra Spray both contain Diclofenac Sodium, therefore, it is advisable to use Volini Gel instead of Spray which is admissible as per advice of treating physician/surgeon. (Admissibility and inadmissibility of Medicines)*

9. In one of the medical claims *vide U.O no.35600/DHS dt.20/08/2015*, it is opined *“Since Tab. Vitoxy contains Vitamins which is admissible if treating doctor prescribed the medicine essential for therapeutic purpose”*. (Admissibility of Medicines)
10. In one of the medical claims *vide U.O no.64501/DHS dt.06/11/2015*, it is opined *“Since refraction was advised along-with other investigations to reach diagnosis, therefore, expenditure incurred on the refraction and other investigation is admissible as per provision of scheme”* (Eye treatment)
11. In one of the medical claims *vide U.O no.48688/DHS dt.28/10/2016*, it is opined *“the bill of physiotherapy taken by the beneficiary at home is not admissible”* except the provision mentioned OM dt.01/06/2011. (Domiciliary Rehabilitation/Physiotherapy)
12. In one of the medical claims *vide U.O no.48974/DHS dt.13.12.2016*, it is opined *“Only a general practitioner having only M.B.B.S degree cannot prescribe medicine for a long period as it may need a specialist opinion.”* In this case *beneficiary is suffering from “Taenia Corporis”* Which has been treated by *a skin specialist and the disease needs treatment for more than 6 months and in this case, doctor has advised medicine only for 15 days which is admissible*
13. *General important clarifications received vide U.O no.81706/DHS dt.07/03/2017* wherein following is opined:
 - When package rates are not available for a particular operation in such cases operation theatre charges, Anesthesia charges and surgeon fees are admissible separately.
 - Yes, the charges of diaper, hand and skin dis-infectant etc. and other consumable disposables are reimbursable.
 - Hospitals empaneled for general purpose/general medicine do include treatment of Dermatology, Endocrinology, Pediatrics and Diagnostic facility.

- AMA shall issue the "N.A" certificate as per records on the availability of the medicine on the date of the prescription. Further, month-wise "N.A" certificate is required to be obtained by the beneficiary. But pensioner can get "N.A" certificate on 3 months basis. While "N.A" certificate for 3 months can be obtained by the beneficiary if suffering from some chronic illness.

14. In one of the medical claims *vide U.O no.83797/DHS dt.28/02/2017*, it is opined "the Ambulance facility taken to shift the patient from "Fortis Hospital" (Non-empaneled) to "Maharaja Agrasen Hospital" (Empaneled) is not reimbursable as the patient was discharged against medical advice (LAMA)".

15. In one of the medical claims *vide U.O no. 50183/DHS dt.30/03/2017*, following has been opined regarding IVIG treatment (Intravenous Immunoglobulin):

- There are no guideline/rules provided for IVIG treatment,
- No empaneled Hospital for IVIG treatment,
- Treatment is essential to prevent the graft kidney failure or significant complication,
- The permission for 90% Advance may be allowed.

16. In one of the medical claims *vide U.O no.117489/DHS dt.25/04/2018*, it has been opined regarding the Cancer treatment:

- "Medicines prescribed are marked essential for therapeutic use. The medicines prescribed are Herbal products/Ayurvedic medicines containing Supplements used to overcome nutritional deficiencies".
- "As per *DGEHS OM dt.25/07/2016* the Cancer patients may be permitted Vitamins, Minerals, Food Supplements and Anti-Oxidants if the same has been prescribed by the concerned specialists as essential for therapeutic use with proper diagnosis and justification.

- “As the patient is a “Cancer” patient and the medicines prescribed by the treating doctor have been marked essential for therapeutic use, therefore, the claim may be considered for reimbursement as per the DGEHS provisions.

17. In one of the medical claims *Vide U.O no.928/DHS dt.12/10/2018*, the following has been opined regarding “Transtibial Prosthetics”:

- As per CGHS OM dated 8 July 2014, HOD may be advised to grant permission to purchase Transtibial Prosthesis as per approved rates of Rs.45,500/- as mentioned at S.No.2a in Annexure-1A of said OM. The reimbursement will be made within the ceiling limit fixed for such appliance, beyond which the beneficiary will bear the cost.
- As per CS(MA) Rules, HOD is competent to grant 90% advance of the approved CGHS/DGEHS rates for purchase of artificial appliance and it may be paid to the beneficiary directly.

18. In one of the medical claims *Vide U.O no.882/DHS dt.12/10/2018*, the following has been opined *regarding returning of “CPAP” Machine*:

- As per guidelines of CGHS OM dated 05.03.2014 which stipulates the procedure regarding permission for procurement and reimbursement of claim for CPAP etc., the maximum life of these machine are **5 years** and can be replaced after a period of five years subject to certificate by service engineer regarding un-serviceability/condemnation of previous machine. The machines whose utility is over are returned to the CGHS Wellness Centers.
- “Presently, we do not have a prescribed procedure to deal with these condemned/returned machines. Since, life of these equipment is over and they are not to be re-issued, it is suggested that we may advise the department to dispose-off these condemned machines as per GFR-2017.

19. In one of the medical claims *dt.21/01/2022 of D.G (Health Services)*, the “Infection Safety Charges” for ICU per day i.e., “Bed bath towels

soft wipes, Bowl wash, Drape Hole Sheet, Drape Plain Sheet and Multi Cups” are the universal precaution and is an integral part of the treatment, which cannot be charged additionally from the patient. Hence, directed to refund the extra amount charged over and above to the patient.

20. In one of the medical claims dt.29/09/2021, it has been opined that the *treatment taken through WhatsApp, without prescription and investigation done from non-empaneled hospital/laboratory is not admissible.*
21. In one of the medical claims dt.24/06/2020 *“in the case of Supra Spinatus tendinitis with multiple intra substance tear leading to pain in shoulder joint, “Laser Therapy” is useful and its usage is justified”. Since, no approved rates for “Laser-Physio” are given and the same is unlisted, hence reimbursement shall be made as per actual.*

⇒ IMPORTANT O. Ms, CIRCULARS & ORDERS ←

1. O.M dt.25/10/2007, Provisions for Servings & Retired Employees of DGEHS (No.F.342/52/2006/H&FW/29813-30011 Dated 25/10/2007) is known as *“Bible or Sprit”* of the DGEHS
2. Excess Charges from DGEHS Beneficiaries/Raising of Bills of Ridge heart Centre to DGEHS Beneficiaries, Order dt.22.01.2008 (No.F.25(III)/DGEHS/21/DHS/2006-07/2877 Dated:22/01/2008)
3. O.M dt.15/09/2008 regarding simplification of Procedure for reimbursement of expenditure regarding *Hearing Aid* (No. F2/4/2008-AC dt.15/09/2008).
4. O.M dt.01/12/2020 *“Revision of rate & guidelines for reimbursement of expenses on purchase of Hearing Aids under CS(MA) Rules, 1944*

and CGHS.” (No.S.11011/37/2019-EHS Govt. of India, MHFW, Deptt. of H&FW)

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

Digital BTE	Rs.8,000/- (Eight Thousand Only)
Digital ITC/CIC	Rs.9,000/- (Nine Thousand Only)

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

5. O.M dt.05/10/2009, regarding *Permission for undergoing In Vitro Fertilization (IVF) procedure/ treatment* under DGEHS (F. No. F (4)/2007-08/DHS/MRC 50747-791, 50958-51127 Dated: 05/10/2009).
6. OM dt.22/11/2011, regarding *“Guidelines / Criteria for reimbursement of expenses in IN-Vitro Fertilization (IVF) treatment to CGHS beneficiaries* under CS(MA) Rules 1944.
7. OM dt.02/02/2010, regarding *“Relaxation of procedure to be followed in considering requests for medical reimbursement” (For Full-Reimbursement)* (F25(III)/DGEHS/138/DHS/2008/5130-5404 dated:02/02/2010).
8. OM dt.28/07/2010, regarding *“Improvement in Delhi Government Employees Health Scheme (DGEHS) i.e., “Adoption of CS(MA)/CGHS provision under DGEHS” etc.*(F25/(III)DGEHS/140/DHS/09/38850-55 dated 28/07/2010)
9. Office Order dt.13/07/2011, *“Regarding simplification of referral system”* (F.25(III)/DGEHS/140/DHS/2009/34595-805 Dated 13/07/2011).
10. OM dt.24/05/2012, regarding *Extension of Cashless (Credit) Facility to the DGEHS beneficiaries by Autonomous Hospital under GNCTD* (No. F25(III)/DGEHS/282/DHS/20 128680-28938 Dated 24/05/2012).
11. OM dt.29/04/2014, regarding *Revision of Ceiling Rates for various Coronary Stents/Angioplasty & Angioplasty with Balloon for*

- CGHS/CS(MA) beneficiaries "Revised Ceiling Rates of Drug Eluting Stents: Rs.23625/- (Inclusive of all taxes). Other terms and conditions shall remain the same.*
12. OM dt.16/01/2013, regarding *"Guidelines & Ceiling Rates for Liver Transplant Surgery in respect of CGHS/CS(MA) beneficiaries"*.
13. Office Order dt.03/10/2013 *"Regarding admissibility of disposable Insulin Syringes, Needles and cost of Pen for Type I Diabetes Mellitus patients (on insulin therapy) under DGEHS"*. (F.No.25(III)/DGEHS/352/DHS/2013/63207-258 Date: 03/10/2013).
14. OM dt.16/06/2015, regarding *"Insulin Pump and Accessories under DGEHS who are suffering from Classical Type-I Diabetes, Ceiling rate of Infusion Pump-Rs.1,20,000/- or Actual whichever is less, Accessories Rs.5000/- per month or actual whichever is less and Insulin shall be reimbursed at actual rates"*. (F.No.1(44)/2207/DHS/SWD/PF/pt. file I/100617-836 Date:16/06/2015).
15. OM dt.15/1/2013 *"Regarding tests/investigations at private hospitals/diagnostic laboratories/imaging centers empaneled under CGHS"*
16. OM dt.27/05/2015, regarding *"Revision of time limit (3 Months to 6 Months) for submission of final claims for reimbursement of medical expenses under CS(MA) Rules, 1944"*.
17. Office Order dt.31/08/2015, *"Cost of Inj. Luccentis of Rs.21,477/-" besides the procedure charges (F/1//1/2015/MRC/DHS/HQ/Part-II/15176-341 dt.31/08/2015).*
18. OM dt.01/08/2019, Guidelines for treatment in empaneled Ayurvedic Hospital under DGEHS *"It has been decided in consultation with Directorate of AYUSH, GNCTD, to do away the need of taking prior authorization/opinion of AMA/MO In-charge of AYUSH Govt. Hospital/Dispensary for getting treatment in any empaneled private AYUSH Hospital by DGEHS beneficiaries for the procedures listed in*

DGEHS/CGHS List” (F.No.25(III)/DGEHS/1023/DHS(H.Q/2019-20/743-943 dt.01/08/2019).

19. Order dt.02/052/2012, regarding provision of medicine ***“In that case AMA are requested to issue the “NA” Certificate as per records on the availability of the medicine on the date of prescription”*** (F.No.25(III)/DGEHS/243/DHS/2011/23773-82 dt. 02/05/2012).

20. OM dt.08/11/2013 ***“Guidelines and ceiling rates for permission/reimbursement for Bariatric Surgery procedures under CGHS/GS(MA) rules, 1944”***.

21. O.M dt.29/04/2011, ***“Implementation of CGHS Rates”*** (F.25(III)/DGEHS/140/DHS/22233-44 dt.29/04/2011).

22. OM dt.23/03/2018, ***“Dental treatment in Pvt. Empaneled Dental centers and hospitals empaneled for dental facility without referral/advice for the procedure enlisted in CGHS/DGEHS List. Other dental procedures which are not covered under CGHS/DGEHS and MAIDS, prior permission from this office (DHS) is required”*** (F.No.25(III)/DGEHS/509/DHS/2016-17/247739-247904 dt. 23/03/2018).

23. O.M dt.01/03/2021, ***“There is a Guideline for issue of Oxygen Concentrator for Post COVID patients”***.

24. O.M dt.03/06/2019 ***“Revision of ceiling rates for reimbursement of the cost of CPAP/BIPAP/Oxygen Concentrator under CGHS”***

(i)	Oxygen Concentrator	-	Rs.45,000/- + GST
(ii)	CPAP	-	Rs.45,000/- + GST
(iii)	BIPAP (earlier Bi-level CPAP)	-	Rs.68,000/- + GST
(iv)	BI Level Ventilatory System	-	Rs.1,05,000/- + GST

➤ ***Other terms and conditions mentioned under this Ministry’s OM No.11011/4/2014-CGHS(P), dt. the 5th March, 2014 shall remain unchanged.***

25. O.M dt.04/09/2020 ***“No prior permission to indent Inj. Denosumbab in case of Osteoporosis, from authorized chemists is required”***.

26. O.M dt.10/08/2020 *"No prior permission to intend Inj. Teriparatide in case of Osteoporosis and Inj. Erythropoietin in case of Hemodialysis from authorized chemists is required"*.
27. O.M dt.08/05/2019 *"Hospitals are empaneled under CGHS for the Specialists available and not by the name of Specialists"*.
(F.No.25(III)/DGEHS/140/DHS/2009/Pt. File/14592-14842 Dt.08/05/2019).
28. As per Office Order dt.07/09/2015 *"CGHS rates for CANCER SURGERY for hospitals empaneled under CGHS – Revised w.e.f. date of issue of this order." The rates shall be calculated as per the formula given therein.*
29. As per O.M dt.19/06/2014 (F.No.25(III)/DGEHS/390/DHS/2014/33244-410 Date:19/06/2014) *"All the Group 'A' Officers of the age 40 years and above working in Govt. of NCT of Delhi will be covered by the Annual Medical Checkup Scheme."* The following package rates for the above purpose are approved:
1. *Annual medical Examination of Men Officers = Rs.2000/-*
 2. *Annual Medical Examination of Women Officers = Rs.2200/-*
- The regime of medical tests for the above purpose will be as given in (Annexure-I & II)
30. O.M dt.26/09/2017 *"Revision of Ceiling Rates for Knee and Hip Implants under CGHS and CS(MA) Rules" (No: Z.15025/74/2017/DIR/CGHS/EHS Govt. of India Ministry of Health and Family Welfare Department of Health & Family Welfare EHS Section)*

2.(A) PRIMARY KNEE REPLACEMENT SYSTEM

(*Ceiling price in Rs.)

Applicable to all variants	FEMORAL COMPONENT BY	TIBIAL COMPONENT BY	ARTICULAR/INSERT BY WHATSOEVER	PATELLA COMPONENT BY
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	WHATSOEVER NAME/SPECI FICATIONS	WHATSOV ER NAME/SPE CIFICATIO NS	NAME/SPCIFIC ATIONS (Any Material)	WHATSOEVER NAME/SPECI FICATIONS
1. Titanium alloy coated	Rs.38,740/-	Rs.24,280/ -	Rs.9,550/-	Rs.4,090/-
2. Oxidized zirconium (OxZr) alloy	Rs.38,740/-	Rs.24,280/ -		
3. Hi-flex	Rs.25,860/-			
4. Cobalt Chromium (CoCr) alloy and other than at 1,2 and 3 above	Rs.24,090/-	Rs.16,960/ -		
		COMPONENT HAVING TIMBIAL TRAY AND INSERT COMBINED AS SINGLE UNIT BY WHATSOEVER NAME SPECIFICATION		
		Polyethylene or cross-linked polyethylene or highly crosslinked polyethylene or any other material		Rs.12,960/-
		Tibial: Metallic Inert: Polyethylene or cross-linked polyethylene or highly crosslinked polyethylene or any other material		Rs.26,546/-

**plus, GST wherever paid or payable*

(B) REVISION KNEE IMPLANT SYSTEM

FEMORAL COMPONEN T BY WHATSOEVER NAME/SPECI	TIBIAL COMPONEN T BY WHATSOEVER NAME/SPECI	ARTICULAR SURFACE/INSERT BY WHATSOEVER NAME/SPECIFICATIONS (Any Material)	PATELLA COMPONEN T BY WHATSOVE R
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IFICATIONS	IFICATIONS		NAME/SPECIFICATIONS
Rs.62770/-	Rs.31,220/-	Rs.15,870/-	Rs.4,090/-

**plus, GST wherever paid or payable*

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

- 3. The rates prescribed shall be valid till further orders and are applicable to Implants of any name / category / cemented / non-cemented.*
- 4. The ceiling rates are applicable for treatment taken in Govt. hospitals / private empaneled hospitals / other private hospitals.*
- 5. Institutions such as hospitals utilizing knee implants shall specifically and separately mention the cost of the knee implant component-wise along with its brand name of manufacturer /importer / batch no./ specifications and other details, if any in their estimate / proforma invoice /final billing, etc., to the patients or their representative*

31. O.M dt.22/12/2022 (No.25(III)/DGEHS/1163/DGHS(HQ)/2019-20/201824-25124 Date 22/12/2020) "It has been decided by the Director General, Health Services, GNCTD that henceforth prior permission of this Directorate for knee and hip implants in case the patient is suffering from Osteoarthritis, decompression, Fracture, Cancer / Tumor disease is not required."

32. O.M dt.08/05/2019 (F.No.25(III)/DGEHS/140/DHS/2009/Pt. File/14592-14842 Date 08/05/2019) "Hospitals are empaneled under CGHS for the Specialists available and not by the name of Specialists".

33. As per O.M dt. 12/06/2009 "Reimbursement of the cost of Cochlear implant to beneficiaries under CGHS / CS(MA) Rules, 1944" (F. No:6-469/2003-CGHS/R&H dt.12/06/2009):

- The Ceiling rate for Cochlear implant shall be Rs.5,35,000/-
- Only Unilateral implantation will be allowed

- As Cochlear implant surgery is a planned surgery, prior permission has to be obtained before the surgery is undertaken.

34. As per O.M dt.29/04/2014 "Revised ceiling rates for Drug Eluting Stents: Rs.23,625/- (Inclusive of all taxes). Other terms and conditions shall remain the same".

35. As per O.M dt.18/02/2015 "Revision of rates for "Kidney Transplant" treatment procedures under CGHS" are as under:

Kidney Transplant (Related)	Rs.2,00,000/- (Non-NABH)	Rs.2,30,000/- (NABH)
Kidney Transplant (Unrelated) including Immunosuppressant therapy	Rs.3,00,000/- (Non-NABH)	Rs.3,45,00/- (NABH)

36. As per O.M dt.27/02/2013 "Liver Transplant Surgery":

- (a) Liver Transplant surgery shall be allowed only in Government Hospitals/Pvt. Hospitals, which are registered under the Transplantation of human Organs Act, 1994, as amended from time to time.
- (b) As Liver Transplant Surgery is a planned surgery and therefore, 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 Competent Authority shall consider the cases referred to it for recommending grant of ex-post-facto permission on a case to case basis.
- (c) The beneficiaries shall submit application for permission for Liver Transplant surgery to Director, DHS through their respective departments.
- (d) Documents required to be submitted for consideration of reimbursement/permission:
- i. Recommendation by Govt. Gastroenterologist/GI Surgeon by at least one surgeon doing Liver Transplant Surgery.
 - ii. CT / MRI Liver Report.
 - iii. Etiology evaluation report.
 - iv. Histopathological report, wherever available.
 - v. Current Child Pugh / MELD score report.
 - vi. Other relevant document.

(e) Ceiling Rate for reimbursement for Liver Transplantation surgery:

- i. The package rate for Liver Transplantation Surgery involving live liver donor shall be as follows:
Rs.11,50,000/- (Rupees Eleven Lakh Fifty Thousand Only)
+pre-transplant evaluation of donor and recipient-
Rs.2,50,000/- (Rupees Two lakh Fifty thousand Only).
- ii. The package rate for Live Transplant surgery involving a deceased donor shall be:
Rs.11,00,000/- (Rupees Eleven Lakh Only)
This include, the cost of consumable during the organ retrieval and the cost of preservative solution etc.

(f) The package charge includes the following:

- i. 30 days stay of the recipient and 15 days for the donor starting one day prior to the transplant surgery.
- ii. Charges for Medical and Surgical Consumables, surgical and Procedure Charges, Operation theater Charges, Anesthesia Charges, Pharmacy, Investigations and in-house doctor consultation for both donor and recipient during the above period. This also includes all post-operative investigations and procedures during the above-mentioned period.

(g) The Package excludes:

- i. Charges for drugs like Basiliximab/Daclizumab, HBIG and peg Interferon.
- ii. Cross Matching charges for Blood and Blood products.

37. As per Order dt.20/06/2020 (No.52/DGHS/PH-IV/COVID-19/2020/prsecyhw/14450-14649 dt.20/06/2020) "The Rates for COVID related treatment to be charged by private hospitals in NCT of Delhi, with the proviso that all COVID best would be at rates given by the Committee subject to upper limit of 60% of the beds of total hospital bed capacity.

The prescribed maximum per day package rates for COVID related treatments in private hospitals in NCT of Delhi are as below:

Hospital Rates for per day of admission (in Rs.)			
Category of hospitals	Moderate Sickness	Sever Sickness	Very Severe Sickness
	ISOLATION BEDS Including	ICU without need for ventilator care	ICU with ventilator care

	supportive care and oxygen		(invasive/non-invasive)
NABH accredited Hospitals (including entry level)	10,000/- (includes cost of PPE Rs.1200/-)	15,000/- (Includes cost of PPE Rs.2000/-)	18,000/- (includes cost of PPE Rs.2000/-)
Non-NABH accredited Hospitals	8,000/- (includes cost of PPE Rs.1200/-)	13,000/- (includes cost of PPE Rs.2000/-)	15,000/- (includes cost of PPE Rs.2000/-)

- (i) *The hospitals would follow the national guidelines on admission of COVID-19 patients. Generally, hospital care is required for COVID-patients with moderate or severe/very severe disease. Patients with mild disease are to be managed at home or in COVID Care Centers which are not hospital but improvised isolation/observation facilities created in non-hospital premises. However, patients with mild disease but having co-morbidities and/or if elderly, as defined may be treated as having moderate illness and therefore, admitted.*
- (ii) *The rates for private hospitals beds would be all inclusive as a package. This will include, but not limited to bed, food and other amenities, monitoring, nursing care, doctors' visits/consults, investigations including imaging, treatment as per the national protocol for COVID care and standard care for co-morbidities, oxygen, blood transfusion etc.*
- (iii) *The package rates would include cost of medical care of underlying co-morbid conditions including supportive care and cost of medications thereof, for the duration of care of COVID. Since, many of the COVID patients have conditions such as hypertension, diabetes, cardiovascular problems, etc., the charges for medical care of such co-morbidities will be a part of the package. This would include short term hemodialysis as a part of acute care during the current admission.*
- (iv) *The rates would apply to standard care of COVID-19 patients as per the National Guidelines. But these would not cover experimental therapies (e.g. Remdesivir etc.). Standard management of Co-morbidities would be covered.*
- (v) *The charges will not include the cost of COVID-19 diagnostic test(s) as well as IL-6 Levels.*
- (vi) *The proposed charges will apply to pediatric patients as well.*

(vii) For pregnant women, costs for delivery (normal/C-section) and care of new born would be charged by the hospital extra as per prevailing PMJAY rates of relevant packages.

(viii) There will be no compromise on the quality of clinical care services provided to the patients receiving services on the proposal package rates.

38. Office Order dt.25/07/20216, it is mentioned that Multi-Vitamins, Minerals, Anti-Oxidants, Nutrients and Food Supplements etc. are not prescribed in isolation but they are prescribed as essential for therapeutic use along with on-going treatment, however, they may be allowed initially for first three months on prescription of any private empaneled hospital provided that they have been prescribed as essential for therapeutic use along with some medicines with proper diagnosis and justification. After three months, these products may be permitted by AMA on the recommendation of Govt. Specialist of concerned field only

The above condition shall not apply on the patients with CLD, CKD, Malabsorption Syndrome, Transplant patients, Cancer Patients.

39. As per O.M dt.21/12/2020 "Regarding guideline of Supply of medicines dated 20.03.2020, it is submitted that Keeping in view the age of pensioners beneficiaries and public interest the existing limit of Rs.5000/- of getting permission of single medicine for a period of one month is being increased to Rs.50,000/-. Utilization shall be taken from the beneficiary by the AMA as per guideline dated 20.03.2020. Further, AMA may be asked to see Empty vial/pack before issuing costly medicines further.

Further, AMA may seek justification from treating physician in case of superior medicine prescribed, that the particular medicine is the choice of medicine."

40. As per O.M dt.30/12/2014 issued from Ministry of Health & Family Welfare, Department of Health & Family Welfare, "Delegation of power to HOD's for permission/ex-post facto permission for treatment from private/empaneled hospital-reg.":

A. Permission/Ex-post facto approval for elective treatment/investigation taken in non-empaneled hospitals/diagnostic centers subject to reimbursement being

restricted to CGHS package rates or actual expenditure, whichever is less.

- B. Ex-post facto approval of elective treatment/investigation in empaneled hospitals/Diagnostic centers without recommendation of Govt. Specialist or CMO I/c subject to reimbursement being restricted to CGHS rate or actual expenditure, whichever is less,
- C. Ex-post facto approval of elective treatment at empaneled hospitals with recommendation of Govt. Specialist/CMO I/c but without obtaining the permission of competent authority, subject to reimbursement being restricted to CGHS rates or actual expenditure, whichever is less-
- D. Permission/Ex-post facto approval for cancer treatment taken in non-empaneled hospitals subject to reimbursement being restricted to CGHS rates or actual expenditure, whichever is less.
- E. Condonation of delay in submission of MRC w.e.f pensioners etc.
 - a) Less than one year; AD of concerned city/AD(HQ), Delhi
 - b) Between one & two years; Director, CGHS
 - c) More than two years;AS&DG (CGHS)
- F. Permission for treatment / investigations at non-empaneled hospital/diagnostic lab when facility for the same are not available in any empaneled hospital/lab or any Govt. Hospital. Permission to be granted by AS & DG(CGHS) in consultation the experts, if required.

Note: The above description is brief and general information about the scheme. For further details or in case of any ambiguity refer CS(MA) Rules & Office Memorandums issued by GNCTD & DHS from time to time prevail.

THE END