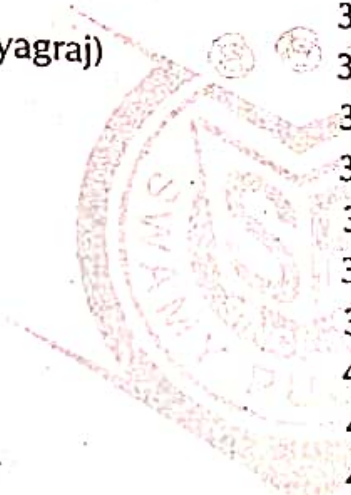


16. Central Government Health Scheme

[Ministry of Health & FW — A Compilation of the CGHS]

1. Cities covered by CGHS

The following cities are covered under CGHS as notified by Government:—

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- | | |
|--|----------------------------------|
| 1. Agartala | 28. Gandhinagar |
| 2. Agra | 29. Gangtok |
| 3. Ahmedabad | 30. Gaya |
| 4. Aizwal | 31. Gorakhpur |
| 5. Ajmer | 32. Guwahati |
| 6. Aligarh | 33. Guntur |
| 7. Allahabad (Prayagraj) | 34. Gwalior |
| 8. Ambala | 35. Hyderabad |
| 9. Amritsar | 36. Imphal |
| 10. Baghpat | 37. Indore |
| 11. Bengaluru | 38. Jabalpur |
| 12. Bareilly | 39. Jaipur |
| 13. Berhampur | 40. Jalandhar |
| 14. Bhopal | 41. Jammu |
| 15. Bhubaneswar | 42. Jodhpur |
| 16. Chandrapur | 43. Kannur |
| 17. Chandigarh | 44. Kanpur |
| 18. Chhatrapati Sambhaji Nagar
(Aurangabad) | 45. Kohima |
| 19. Chennai | 46. Kolkata (including Ishapore) |
| 20. Chhapra | 47. Kochi |
| 21. Coimbatore | 48. Kota |
| 22. Cuttack | 49. Kozhikode |
| 23. Darbhanga | 50. Lucknow |
| 24. Dhanbad | 51. Meerut |
| 25. Dehradun | 52. Moradabad |
| 26. Delhi & NCR: Delhi, Faridabad,
Ghaziabad, Greater Noida,
Noida, Gurgaon, Indirapuram,
Sahibabad | 53. Mumbai |
| 27. Dibrugarh | 54. Muzaffarpur |
| | 55. Mysuru |
| | 56. Nagpur |
| | 57. Nashik |

- | | |
|-----------------|-------------------------------------|
| 58. Nellore | 70. Silchar |
| 59. Panaji | 71. Siliguri (including Jalpaiguri) |
| 60. Panchkula | 72. Sonapat |
| 61. Patna | 73. Srinagar |
| 62. Puducherry | 74. Thiruvananthapuram |
| 63. Pune | 75. Varanasi (Benaras) |
| 64. Raipur | 76. Tiruchirapalli (Trichy) |
| 65. Ranchi | 77. Tirunelveli |
| 66. Rajahmundry | 78. Vadodara |
| 67. Saharanpur | 79. Vijayawada |
| 68. Shillong | 80. Vishakhapatnam |
| 69. Shimla | |

Demarcation of CGHS covered areas under CGHS Wellness Centre:—

- (i) The coverage of CGHS shall be limited to the areas within 5 km (approx.) radius of the CGHS Wellness Centres, in all CGHS covered cities, where such demarcations were not specified. The Additional-Director, CGHS concerned city shall notify such areas covered under CGHS Wellness Centres.
- (ii) The serving Central Government employees residing outside the CGHS covered areas shall be covered under CS (MA) Rules. However, in all CGHS covered cities, the serving Central Government employees residing within the Municipal limits of the city, shall be given a one-time choice to opt for CGHS [instead of CS (MA) Rules] from the nearest CGHS Wellness Centre.

— OM, dated 6-4-2018.

2. Applicability

All employees paid from Civil Estimates (other than those employed in Railway services and those employed under Delhi Administration) having their headquarters in the cities mentioned above and their family members are eligible.

Government servants posted on foreign assignments shall not be deprived of CGHS facilities when they visit CGHS covered cities in between. The eligible family members may also continue to avail CGHS facilities if they reside in CGHS cities. CGHS cards of such employees are to be kept active after due recovery of CGHS subscription from their salary.

— OM, dated 17-6-2023.

Applicable also to.— 1. Central Government pensioners (excluding Railways and Armed Forces pensioners) and those retiring with Contributory Provident Fund benefits and their families.

2. Retired Divisional Accountants on the condition that the expenditure on cost-to-cost basis would be recouped from each State Government every year.

3. Widows/Child getting Family Pension, including minor brothers and sisters of such child.

4. Delhi Police employees and their families in Delhi only.

5. Railway Board employees.

6. Ex-Governors and Lt.-Governors and their families.

7. Ex-Vice Presidents and their families.

8. Civilians of the Defence Services at all stations (except Mumbai) where the scheme is in operation.

9. PSU absorbees who had commuted 100% of their pension and have been restored $\frac{1}{3}$ rd portion of their pension after 15 years.

— OM, dated 18-8-2009.

10. Central Government employees who got absorbed in Statutory Bodies / Autonomous Bodies and who are in receipt of Central Civil Pension are eligible to avail CGHS facility on their retirement.

— OM, dated 17-2-2011.

11. The employees of Indian Pharmacopoeia Commission and their family members.

— OM, dated 14/15-9-2011.

12. The employees of Supreme Court Legal Services Committee.

— OM, dated 5-8-2011.

13. Central Government employees who are on deemed deputation to Autonomous Bodies/Statutory Bodies of the Central Government and retiring while on such deemed deputation are eligible for CGHS facility, provided they are receiving Central Civil Pension and are not availing the medical facility provided by ABs/SBs after their retirement.

— OM, dated 7-10-2011.

14. From 1-8-2013, serving employees and pensioners of Department of Posts and Department of Telecom residing or settled at Ahmedabad, Bhopal, Bhubaneshwar, Dehradun, Guwahati, Jaipur, Jammu, Jabalpur, Lucknow, Pune, Ranchi and Shillong and beneficiaries of Postal Dispensaries will be covered under CGHS, following the merger of 19 Postal Dispensaries with CGHS.

— OM, dated 9-7-2013.

15. Central Government employees on short-term deputation to SB/AB will be allowed to avail CGHS facilities during their tenure of deputation. They can opt for medical facilities provided by CGHS or by the organization.

— OM, dated 9-6-2014.

16. Defence Industrial Employees of Naval Dock Yard, Central Ordnance Depot and AFMSD can avail CGHS facilities in Mumbai at par with the Defence Industrial employees. — OM, dated 21-4-2017.

17. Retired employees of Central Council for Research in Yoga and Naturopathy (CCRYN), Lalit Kala Akademi (LKA), Indira Gandhi National Centre for the Arts, Indian Council for Cultural Relations (ICCR) and Indian Red Cross Society, Central Social Welfare Board (CSWB), National Seeds Corporation Ltd., Gandhi Smriti and Darshan Samiti can avail CGHS facilities only in Delhi / NCR, subject to certain conditions.

— OMs, dated 16-7-2015, 15-10-2015, 2-12-2015, 1-4-2016, 20-9-2016, 14-6-2017 and 26-7-2018.

18. The eligible permanent retired / retiring employees of Air India Ltd., post disinvestment by the Government, subject to terms and conditions. Air India retirees with valid CGHS cards are also eligible for cashless treatment in all empanelled CGHS HCOs for all OPD referrals from CGHS.

— OMs, dated 15-3-2023 and 29-5-2023.

19. Pensioners under Union Territories' Administration except UTs of Delhi and Chandigarh can avail CGHS facilities at par with Central Government pensioners on payment of prevalent subscription as per guidelines, subject to the condition that they are not availing medical benefits from any other Government health scheme. — OM, dated 13-11-2023.

20. Families of Central Armed Police Forces (CAPFs) personnel posted to a place not covered under CGHS, but choose to leave the family in the original place of posting, which is a CGHS covered city, are eligible to avail CGHS facilities, subject to continued subscription.— OM, dated 29-4-2024.

21. Serving and retired employees of Kendriya Vidyalaya Sangathan (KVS) will be entitled to OPD facilities and medicines from CGHS wellness centres on a cost-to-cost basis in all CGHS covered cities.

— OM, dated 28-5-2024.

3. Accrual of benefits

The benefits of CGHS accrue from the date on which the Government servant applies for a CGHS card. CGHS is a compulsory scheme for all Central Government employees residing within the areas covered by CGHS dispensaries. As soon as a person joins Central Government service and intimates his residential address which is within a CGHS covered area, CGHS contribution at the appropriate rate should be recovered whether the CGHS card is issued or not. But in such cases, the offices concerned should ensure that the employee applies for a card and if he is not applying despite intimation, suitable action should be taken. — OM, dated 15-6-2004.

NOTE 1.— The Government servant should reside in the area covered by the Scheme. Pensioners can get their names registered with any of the dispensaries, whether they were residing in that city or not.

NOTE 2.— An employee covered by the Scheme whose spouse is employed in Defence or Railway Services, State Government or Corporations or Bodies financed partly or wholly by the Central Government or State Government, Local Bodies and Private Organizations which provide medical facilities can opt out of the Scheme and avail of the medical facilities provided by the employer of the spouse.

NOTE 3.— If an employee or a member of his family covered under CGHS falls ill at a place not covered under CGHS, treatment shall be admissible under CS (MA) Rules.
— OM, dated 2-6-1995.

4. CGHS Card

A. Guidelines for issue of CGHS Card.— Serving employees shall mandatorily apply for a new CGHS card online. After online submission of the application form, they should take a printout of the same and submit the hard copy duly signed and photographs affixed thereon, to the department currently employed, for processing and onward submission to the concerned Office of Additional Director, CGHS for issuing the cards. One copy is to be forwarded to the Additional Director of the concerned City and the other copy is to be retained by the Employer Department of the Central Government i.e., the sponsoring authority for CGHS benefits.

CGHS shall scrutinize the application based on the documents provided:

- (i) Pay Slip indicating the pay scale and CGHS deduction.
- (ii) Aadhaar Card/PAN card or any other valid document as per RBI guidelines, as ID Proof for Self and Dependent Family Members.
- (iii) Disability Certificate of Dependant (If applicable) as per O.M. No.4-24/96- C&P/CGHS(P)/EHS, dated 7th May 2018.
- (iv) Photographs of self and Dependant Family Members

Retiring employees have the option to apply for a pensioner card along with pension papers 6 months before the date of Retirement (Online as a pensioner new card). The office shall observe the same procedure as for a serving employee for getting his/her CGHS card(s) prepared.

For Pensioners, CGHS cards will be issued to eligible pensioners and family pensioners, drawing pension from Central Civil Estimate and his/her dependent family members, when the pensioner is not availing the Fixed Medical Allowance (FMA).

The pensioners also have the option for availing Fixed Medical Allowance with a CGHS card (IPD Card) by paying the full subscription, however, the CGHS 'IPD only' card shall be valid only for 'cashless' indoor treatment at CGHS Empanelled Private Hospitals / designated Government Hospitals. The beneficiary of 'IPD only' CGHS card shall also be eligible for reimbursement of expenses incurred for indoor treatment at any Government / Private Hospital only in case of a Medical Emergency.

The pensioners can submit his/her duly filled application form for the new Pensioner CGHS card to the Additional Director of CGHS city concerned.

The applications shall be accompanied with payment of CGHS Contribution on Bharat Kosh, along with the Challan generated from Bharat Kosh as proof of payment. The contribution (equivalent to 120 times i.e 10 years of existing CGHS contribution rate, at the time of retirement).

Sl. No.	Pay Level in the Pay Matrix	Contribution in ₹ for whole life card
1.	Level 1 to 5	30,000
2.	Level 6	54,000
3.	Level 7 to 11	78,000
4.	Level 12 and above	1,20,000

CGHS shall scrutinize the application based on the documents provided:

- (i) Self-attested PPO/ Provisional PPO or Last pay certificate
- (ii) Aadhaar card ID/PAN card or any other valid document as per RBI guidelines as ID proof for Self and dependent family members
- (iii) Disability Certificate of Dependant (If applicable)
- (iv) Photographs of self and dependent Family Members.
- (v) Copy of Bharat Kosh Challan for CGHS subscription paid
- (vi) Proof of availing / non-availing FMA (if applicable).

— OM, dated 27-6-2024.

B. Validity of Card.— For serving beneficiaries and their dependants, 5 years from the date when the Department approved the application for plastic card of the main cardholder. For pensioners except whole life card from the date of approval of application by Additional Director of the City / Headquarter in Delhi till the period covered by the subscription.

— OM, dated 10-2-2021.

CGHS Card is valid at any CGHS Wellness Centre in the country for availing CGHS benefits as per the details given under:-

- i. CGHS Card is valid in any Wellness Centre in India and no additional document / attachment is required.
- ii. Medicines shall be issued for up to 3 months, in case of beneficiaries undergoing treatment for chronic illnesses.
- iii. Referral / endorsement for treatment from private HCOs empanelled under CGHS shall be issued from any Wellness Centre.

— OM, dated 1-5-2023.

C. Renewal of Card.—Beneficiaries should apply for renewal of plastic cards 3 months from the date of expiry of existing card.

The pensioners can submit his/her duly filled application form for the new Pensioner CGHS card to the Additional Director of CGHS city concerned.

The applications shall be accompanied with payment of CGHS Contribution on Bharat Kosh, along with the Challan generated from Bharat Kosh as proof of payment. The contribution (equivalent to 120 times i.e 10 years of existing CGHS contribution rate, at the time of retirement).

Sl. No.	Pay Level in the Pay Matrix	Contribution in ₹ for whole life card
1.	Level 1 to 5	30,000
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CGHS shall scrutinize the application based on the documents provided:

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- (ii) Aadhaar card ID/PAN card or any other valid document as per RBI guidelines as ID proof for Self and dependent family members
- (iii) Disability Certificate of Dependant (If applicable)
- (iv) Photographs of self and dependent Family Members.
- (v) Copy of Bharat Kosh Challan for CGHS subscription paid
- (vi) Proof of availing / non-availing FMA (if applicable).

— OM, dated 27-6-2024.

B. Validity of Card.— For serving beneficiaries and their dependants, 5 years from the date when the Department approved the application for plastic card of the main cardholder. For pensioners except whole life card from the date of approval of application by Additional Director of the City / Headquarter in Delhi till the period covered by the subscription.

— OM, dated 10-2-2021.

CGHS Card is valid at any CGHS Wellness Centre in the country for availing CGHS benefits as per the details given under:-

- i. CGHS Card is valid in any Wellness Centre in India and no additional document / attachment is required.
- ii. Medicines shall be issued for up to 3 months, in case of beneficiaries undergoing treatment for chronic illnesses.
- iii. Referral / endorsement for treatment from private HCOs empanelled under CGHS shall be issued from any Wellness Centre.

— OM, dated 1-5-2023.

C. Renewal of Card.—Beneficiaries should apply for renewal of plastic cards 3 months from the date of expiry of existing card.

In case any beneficiary becomes ineligible for availing CGHS facilities, it shall be the responsibility of the main cardholder to inform the Additional-Director / CMO i/c either through the Department or directly, failing which benefits will be withdrawn in addition to other action by appropriate authority. Department will be responsible for retaining and getting deleted from the database the employees transferred to non-CGHS area / organizations or on resignation / retirement. — OM, dated 10-2-2021.

5. Concessions for Family

Family.— For definition, see Subject 4 under Section 17.

- (i) If both husband and wife contribute to the CGHS, eligible parents of both may avail the benefits. Both male and female 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 being satisfied. — OM, dated 26-7-2023.
- (ii) Irrespective of age, the permanently disabled unmarried sons (both physical and mental/schizophrenia illness) who are financially dependent on CGHS beneficiary and residing with CGHS beneficiary and suffering from 40% or more of disabilities are eligible to avail CGHS facilities. After every five years, the CGHS beneficiary should furnish a disability certificate issued by the appropriate authority to CGHS.
— OMs, dated 2-8-2010, 3-9-2010, 4-11-2010, 26-5-2011 and 7-5-2018.
- (iii) Sons above the age of 25 years, where the disability has occurred after attaining the age of 25 years can be considered as dependent for availing medical facilities under CGHS subject to fulfilment of conditions as mentioned in OM, dated 7-5-2018.
— OM, dated 1-1-2020.
- (iv) Permanently disabled unmarried brothers who are financially dependent on and residing with the principal CGHS Cardholder and suffering from 40% or more of disabilities are also eligible to avail CGHS facilities subject to fulfilment of other conditions.
— OM, dated 25-7-2013.
- (v) Minor children of widowed/separated daughters who are residing with and dependent upon CGHS beneficiary are also eligible for medical facilities up to the age of 18 years (i.e.) the age of their becoming major.
— OM, dated 19-1-2012.
- (vi) **Income limit for dependants with effect from 8-11-2016.—** The income limit for the purpose of dependency for members of family (other than spouse) is ₹ 9,000 per month *plus* the amount

of Dearness Relief thereon as on the date of consideration. The amount of Dearness Relief stands for the amount drawn and not the amount due on the date of consideration.

— OM, dated 8-11-2016.

When family alone can avail the facilities.— An employee transferred to another CGHS station or goes to serve abroad leaving his family at the old station, may continue to pay the contribution, in which case his family can continue to receive the benefits at the old station for that duration. However, if the transfer is to a non-CGHS station, this facility is admissible only for six months.

— OM, dated 1-7-2005.

6. Contribution and ward entitlement

(a) Contribution.—

Sl. No.	Corresponding levels in the Pay Matrix as per Seventh CPC	Contribution (₹ Per month)
1.	Level 1 to 5	250
2.	Level 6	450
3.	Level 7 to 11	650
4.	Level 12 and above	1,000

When both husband and wife are Central Government servants covered by the Scheme, the contribution will be recovered from only one of them whose pay is higher. The recovery of contribution is effected through monthly salary of bills. It is recoverable during the period of duty, suspension and leave (other than EOL) not exceeding four months. In respect of leave exceeding four months, the employee has the option not to pay the contribution in which case the facilities under the scheme will not be available to him and his family members.

(b) Entitlement of accommodation.—

Sl. No.	Corresponding Basic Pay drawn by the Officer in Seventh CPC	Ward entitlement	
		Private Hospitals empanelled under CGHS	AIIMS, New Delhi
1.	Up to ₹ 36,500	General	General
2.	₹ 36,501 to ₹ 50,500	Semi-private	General
3.	₹ 50,501 to ₹ 63,100	Private	General
4.	₹ 63,101 to ₹ 80,900	Private	Private
5.	₹ 80,901 and above	Private	Deluxe/Private

Nursing Home facilities in Government/State Government/Municipal Hospitals available for those drawing Pay/Pension/Family Pension ₹ 47,600 p.m. and above.

(c) Free diet.—

For those who are undergoing treatment in Central Government hospitals for TB or Mental disease.	For those who are drawing pay/pension/ family pension subject to a monetary limit of ₹ 69,700.
Others	Up to ₹ 44,900.

— OMs, dated 9-1-2017 and 28-10-2022.

(d) The revised rates for Consultation Fee, Intensive Care Unit and room rent reimbursable in respect of treatment rendered to CGHS beneficiaries in all HCOs empanelled under CGHS are as under:

(i) Consultation Fee -

OPD Consultation - ₹ 350

IPD Consultation - ₹ 350

(For both NABH and Non-NABH accredited HCOs)

(ii) ICU Charges -

₹ 5,400 for all categories of ward entitlement

(General ward / Semi-private ward / Private ward)

(For non-NABH accredited hospitals, the charges shall be 15% less)

ICU charges are inclusive of Room Rent.

(iii) Room Rent -

General ward - ₹ 1,500

Semi-private ward - ₹ 3,000

Private ward - ₹ 4,500

(For both NABH and Non-NABH accredited HCOs)

— OM, dated 12-4-2023.

7. Medical Advance

(a) *For indoor treatment.*— 90% Medical Advance of the approved CGHS package rates for all indoor treatments, irrespective of major or minor diseases, on receipt of a certificate from the treating Physician of Government / recognized hospital.

(b) *For outdoor treatment.*— Advance is limited to 90% of the total estimated expenditure, if total estimate of expenditure including tests/ investigation is more than ₹ 10,000.

Advance to be released within 10 days of receipt of the request for advance by the Administrative Department / Ministry / Office.

— OM, dated 17-10-2016.

(c) *Clarification on grant of advance —*

- (i) In case of treatment procedures without package rates, the admissible amount is calculated item-wise at CGHS rate. Items for which there are no CGHS rates, AIIMS rates shall be considered. If there is no CGHS / AIIMS rate, actual estimate for the procedure will be considered.
- (ii) The hospital seeking advance shall provide item-wise break-up of the estimate to facilitate processing of request for medical advance.
- (iii) 90% of the admissible rates arrived at as above, would be considered for grant of medical advance. — OM, dated 30-9-2021.

(d) **Nomination facility.**— Principal CGHS cardholder can nominate a person, in the prescribed form, to claim reimbursement of medical expenses in the event of his/her unfortunate death, subject to conditions.

— OM, dated 25-9-2013.

8. Facilities available

- (i) Medical attendance including consultation with the AMA at a CGHS Dispensary, Polyclinic or CGHS Wing of the Hospital, or at recognized hospitals.
- (ii) X-ray, Laboratory and other diagnostic facilities at CGHS laboratories or other laboratories or recognized hospitals.
- (iii) Supply of drugs prescribed by the AMA, administration of injections / dressing / minor surgical procedures in the dispensaries or specialists centres.
- (iv) Hospitalization facilities.— Antenatal / confinement / postnatal care facilities.
- (v) Treatment at a specialized hospital (even though not recognized under the Scheme) if the Director, CGHS, certifies that such treatment is essential for the recovery / prevention / checking of deterioration of the patient's conditions.
- (vi) Special treatment for diseases like TB, Cancer, etc.
- (vii) Super speciality treatment, e.g., Kidney Transplant and Coronary Artery Bypass Graft (CABG), etc.
- (viii) Facilities for Dental treatment.
- (ix) Intra-ocular lens implantation / treatment and cost of spectacles after cataract operation as in Subject 1 under Section 17.
- (x) Reimbursement of charges for undergoing Angioplasty / PTCA in the recognized hospitals with prior permission of CGHS subject

to the ceiling rates fixed, which include the cost of CD record and the medical report. — OMs, dated 7-2-2013 and 4-3-2013.

- (xi) Reimbursement of cost of (i) Digital Hearing-Aid, (ii) Cyper Stents up to a maximum of three (serving and retired), (iii) CPAP/BIPAP Machines (once in a lifetime) for domestic use, (iv) TAXUS stent (Paclitaxel excluding stent) up to a maximum of three (serving and retired) and (v) Replacement period of hearing aids will be 3 years in the case of child below 12 years.
- (xii) Issue of Glucometer to diabetic patients suffering from diabetic gangrene and Insulin (analogue) penfil/vial/cartridges.
- (xiii) Post-operative treatment relating to Neurosurgery, Cardiac Diseases, Cancer, Kidney transplantation and hip/knee replacement surgery in the same institutions/hospitals where the surgery was earlier carried out with prior permission of CGHS.
— OM, dated 20-9-1995.
- (xiv) Reimbursement of cost of Neuro-implants, viz., Deep Brain Stimulation Implants, Intra-theal Beclofen pump, Intra-theal Morphine Pump, Spinal Cord Stimulators.
- (xv) Reimbursement of the cost of cochlear implant subject to prescribed conditions.
— OM, dated 12-6-2009.
- (xvi) Reimbursement of Ambulance charges subject to conditions.
— OM, dated 17-1-2011.
- (xvii) Reimbursement of rates subject to the ceiling fixed for domiciliary rehabilitation intervention viz., physiotherapy, occupational therapy, speech therapy and certified care-giver.— OM, dated 1-6-2011.
- (xviii) Reimbursement of expenses of In-Vitro Fertilization (IVF) treatment.
— OM, dated 22-11-2011.
- (xix) Reimbursement of cost of various Coronary/Vascular Stents implanted.
— OMs, dated 31-10-2011, 7-2-2013, 21-2-2013 and 29-4-2014.
- (xx) Reimbursement of cost of Liver Transplant Surgery in Government Hospitals/Private Hospitals, which are registered under the Transplantation of Human Organs Act, 1994 with prior permission subject to ceiling rates and conditions. — OM, dated 16-1-2013.
- (xxi) Reimbursement of cost of surgery of Photo Selective Vaporization of Prostate (PVP) using Green Light HPS Fibre (Angled Delivery Device).
— OM, dated 8-8-2013.
- (xxii) Reimbursement for Bariatric surgery charges subject to fulfilment of conditions.
— OM, dated 6-11-2013.

- (xxiii) Reimbursement of cost of artificial appliances.
— OM, dated 8-7-2014.
- (xxiv) Reimbursement of cost of cardiac pacemaker, AICD, etc.,
— OMs, dated 22-7-2014 and 6-8-2018.
- (xxv) Revised rates for Cancer surgery for hospitals empanelled under CGHS.
— OM, dated 7-9-2015.
- (xxvi) Reimbursement of revised rates for Knee and Hip Implants for hospitals empanelled under CGHS. — OM, dated 26-9-2017.
- (xxvii) Reimbursement for availing treatment for Occupational Therapy, Speech Therapy and Applied Behaviour Analysis (ABA)-based behavioural therapy in individuals with Autism Spectrum Disorder (ASD) / Non-autistic person / children with ADHD and specific learning disabilities, subject to conditions.— OM, dated 1-5-2023.
- (xxviii) Reimbursement for Continuous Subcutaneous Insulin Infusion (CSII) Pump Therapy, subject to conditions. — OM, dated 16-5-2023.
- (xxix) Cost of Lung Transplant and Heart Transplant Surgery, subject to prior permission. — OM, dated 1-12-2023.

9. Referral and treatment

Procedure for referral to recognized hospitals.— The beneficiaries (including pensioners) will have the option of availing specialized treatment at CGHS recognized hospitals of his/her choice after a Specialist of CGHS/ Government hospital recommends for the same. A certificate regarding non-availability of beds in Government hospital would not be required. The terms "Government hospital" would include any hospital of a State Government/Government Departments such as Railways, Atomic Energy Commission, etc., as also hospitals of PSUs, all AIIMSs, Institutions of National Importance (INIs), North East Institutions, Tata Memorial Hospital and all other medical institutions under Central Government.

No referral / permission / endorsement shall be required for undergoing consultation investigation / investigation / treatment procedure including unlisted investigations / procedures.

In non-emergency cases, once the recommendation (regarding line of treatment) has been obtained, the procedure for obtaining Administrative approval would be as follows:—

- (i) Permission letter should always be issued before the patient visits the private recognized hospitals/diagnostic centres and not after the patient is admitted in the hospital as is happening in various CGHS cities.

(ii) Following documents should be taken from beneficiary for issuing permission letter:—

- A photocopy of valid CGHS token card.
- A request letter from the beneficiary indicating the choice of hospital.
- A photocopy of prescription from Government Hospital Specialist/CGHS specialist.

(iii) Permission given should be strictly for a procedure and not for general management. No permission is required in case of emergency, where the beneficiary can avail treatment in a private empanelled hospital, as per existing instructions.

(iv) If CMO In-charge can diagnose, he can refer to private recognized hospital for that specific procedure (like eye cataract). However, in specialized disease like heart, joint replacement, organ transplant, a specialist's opinion/CGHS specialist opinion must be taken before issuing the permission letter.

(v) If no CGHS specialist or PG GDMO is available in a city, CMO in-charge should make a provisional diagnosis and refer the patients to private empanelled hospital for specialists' consultation.

— OMs, dated 11-6-2010 and 28-6-2024.

(vi) In the case of admission of a CGHS beneficiary in emergency in a Private Recognized Hospital/Diagnostic Centre, the concerned Hospital/Diagnostic Centre will be responsible for intimating the same to the concerned Additional/Joint Director, CGHS within 24 hours.

(vii) OPD treatment is not allowed in Private Hospitals/Diagnostic Centres. However, follow-up treatment is allowed in following conditions:—

- (a) Neurosurgery
- (b) Cardiac Surgery including CABG, Angioplasty and various implants.
- (c) Cancer Surgery, Chemotherapy and Radiotherapy.
- (d) Kidney Transplantation.
- (e) Joint Replacement.
- (f) Accidental cases.

— OM, dated 16-12-2003.

(viii) The expenditure to be reimbursed by the CGHS Directorate, would be restricted to the package deal rates/rates approved by the Government. Excess expenditure, if any, would have to be borne by the beneficiary.

(ix) In case the beneficiary, inspite of the facility being available in the city still chooses to get treatment in another city, permission of the CGHS authorities of the city would have to be obtained. In such cases, no T.A./D.A. will be paid.

(x) *In case of pensioners, for treatment in another city when such facilities are not available in the same city, Head of the CGHS may grant permission on the specific advice of the Specialist. T.A. may be limited to referral hospitals available in the nearest city for the shortest route.*

(xi) Where there is no prescribed CGHS rates for procedures / investigations, the Head of the Department / CGHS of the city may grant up to ₹ 20,000 as per the recommended rates of the Government Specialist, limited to the AIIMS rates. If the AIIMS have not fixed any rate for any particular procedure / investigation / test, reimbursement may be made as per actuals.

(xii) *Simplification of procedure for treatment at private hospitals empanelled under CGHS.—*

- (a) *Single referral for Specialist Consultation:* A referral issued by any Medical Officer of a CGHS Wellness Centre will be valid for three months. During this period, the beneficiary may consult two more specialists i.e. up to total of three specialists, if recommended by the primary specialist. A maximum 6 consultations shall be allowed during this validity period of 3 months.
- (b) *Investigation and treatment procedures advised by specialist of empanelled private hospital after referral by CGHS:* No further endorsement from CGHS shall be required for undergoing routine listed investigations and minor procedures, not requiring admission in the hospital, as advised by the specialist, within the validity period of 3 months from the date of issue of the initial referral. However, referral / endorsement from CGHS shall be required for special investigations like CT Scan, MRI Scan, PET Scan and any other investigation costing over ₹ 3,000 and the referral will be valid for 3 months.
- (c) Correspondingly, referral / endorsement would be required from Medical Officer of CGHS for any procedure requiring admission in the hospital, which would be valid for 3 months.
- (d) *Unlisted investigation(s) and treatment procedures advised by the Specialist of CGHS empanelled hospital:* Permission for undergoing such investigations and treatment procedures shall be considered as per the delegated powers in case of pensioners and serving employees. i.e.
 - (i) CGHS (Additional Director / Director) in case of Pensioner beneficiaries.
 - (ii) Head of the Department / Office (HOD/HOO) in case of serving employee(s)
- (e) Private empanelled hospitals shall perform the treatment on cashless basis in respect of pensioners, ex-MPs, Freedom Fighters,

Regular employees (both CGHS and CS (MA) beneficiaries) of this Ministry and other categories of CGHS beneficiaries, who are presently eligible for credit facility and shall enclose the prescription issued by Government Specialist or a CGHS Medical Officer, in original (or a self-attested photocopy) along with the hospital bill submitted to the competent authorities.

- (f) Serving Government employees shall enclose the prescription issued by a Government Specialist or a CGHS Medical Officer in original (or a self-attested photocopy), while submitting the medical claim to the concerned Ministry/ Department/Office for reimbursement.
- (g) CGHS Medical Officer/Government Specialist shall not refer the beneficiaries to any particular empanelled hospital by name but, shall **specify the treatment procedure** and mention '**referred to any CGHS empanelled centre**'.
- (h) These orders are applicable only in respect of treatment procedures for which CGHS rates are available.

— OMs, dated 9-11-2017 and 28-6-2024.

- (i) The private HCOs empanelled under CGHS shall provide quality service to CGHS beneficiaries and care may be taken to avoid inconvenience, especially for the Senior Citizens, cancer patients and terminally ill patients. Private HCOs shall avoid any discrimination to CGHS beneficiaries.

— OM, dated 27-9-2018.

- (j) A CGHS beneficiary can get admission in any CGHS empanelled hospital without any prior permission. Refusal to provide treatment to bona fide CGHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment. In emergency, the empanelled hospitals will not refuse admission or demand an advance payment from the CGHS beneficiary or his family member and will provide credit facilities to the patient.

— OM, dated 13-9-2019.

- (k) *Referral to empanelled hospitals when beneficiaries are not in a position to visit wellness centres* - On a request submitted through a representative, CGHS Medical Officer shall issue referral based on documents submitted considering the request as justified, without insisting on the physical presence.

If the CGHS Medical Officer is not satisfied with the papers submitted, he may avail the option of contacting the beneficiary through video call or making a domiciliary visit, without insisting on the physical presence.

— OM, dated 31-3-2023.

- (l) All private hospitals empanelled under CGHS must ensure that CGHS beneficiaries referred by Government Specialists / CGHS Medical Officers are provided OPD consultation facilities by Specialists and they shall not charge more than the CGHS consultation charges.
— OM, dated 21-2-2019.
- (m) In case of Haemo-Dialysis, the advice for treatment can be made up to six months and in such cases the advice shall be valid for up to six months.
- (n) In case of Radiotherapy/Chemotherapy advised by a Government Specialist, the advice shall be valid for all the cycles of Radiotherapy/Chemotherapy. The specialist has to specify the specific Radiotherapy procedure. Self-attested (by beneficiary) photocopies of the permission letter is required to be submitted.
- (o) In case of post-operative follow-up treatment in six conditions as specified in OM, dated 10-4-2001, permission for follow-up treatment shall be required from Competent Authority.
- (p) In case of non-listed investigations / treatment procedures, permission from Competent Authority is required to be obtained.
— OM, dated 15-1-2018.

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

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

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

Medicines prescribed are to be procured from CGHS Wellness Centre.

2. The beneficiaries shall have to submit a self-attested photo copy of the permission letter to the hospital to enable the hospitals to provide credit facility in respect of pensioners and other categories of CGHS beneficiaries entitled for credit facility. Serving employees (and their

dependants) who may not be entitled for cashless facilities shall enclose a self-attested photo copy of permission letter to claim reimbursement from the concerned Ministry / Department.

3. Permission in respect of Pensioner CGHS beneficiaries, Ex-MPs (and other categories of CGHS beneficiaries, whose medical expenditure is borne by CGHS), etc., shall be granted by CGHS. Permission in respect of Hon'ble Members of Parliament shall be granted by Rajya Sabha Secretariat / Lok Sabha Secretariat, as the case may be and by concerned Ministry / Department in respect of serving beneficiaries and by concerned Autonomous Body / Statutory Body in respect of serving / pensioner beneficiaries.

4. However, if any non-listed investigations / procedures are advised, permission from Competent Authority shall be required, except in emergency.

— OM, dated 29-5-2019.



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10. Guidelines for settlement of medical claims of pensioners and others

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 and 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.

Medical claims not requiring special approvals

Pensioner CGHS beneficiaries shall submit the medical claims to the CMO in-charge of the CGHS Wellness Centre, where the CGHS Card is enrolled. They shall also submit claims (MRCs) to CGHS of city, where the treatment was taken. CMO in-charge of CGHS Wellness Centre issues Serial Number and sends the claim papers to the office of the Additional-Director, CGHS for processing. The Bills shall be processed by the Dealing Assistants and CMO and after the approval by the Additional-Director, the bill for payment shall be sent to the Pay and Accounts Office for payment to the beneficiary by ECS. The payment shall be completed within 30 days of submission of the Medical claim papers at the CGHS Wellness Centre.

— OM, dated 8-5-2023.

Medical claims requiring approval of higher authorities

Total time within 45 days in Delhi

Total time within 60 days in other cities

Medical claims requiring opinion of specialists

Total time 45 days

2. 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 contracting infections.
- (vi) Treatment was obtained in a private unrecognized hospital under emergency when there is a strike in Government 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 Additional 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 Additional-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 Additional DDG (HQ).

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

If the above criteria are not satisfied (including the regrets by expert committees), the requests may be regretted by Additional-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.

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

If the proposal is approved by AS & DG, CGHS, concurrence of IFD and approval of Secretary, Health and 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 of treatment, in respect of the following conditions:-

1. Approval for airfare with or without attendant on the advice of treating doctor for treatment in another city even though he is not eligible for air travel/treatment facilities are available in city of residence.

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.

Additional-Directors shall submit the files with relevant documents to the AD (HQ)/Additional 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 Additional DDG (HQ) shall issue meeting notices including notices to concerned Government Specialists and organize meeting for the Meetings of High Power Committee.

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

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

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

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

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

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

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

Standing Committee meetings for Cochlear Implant shall continue as before.

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

— OMs, dated 22-5-2018 and 6-6-2018.

4. Submission of Medical claims for reimbursement -

Pensioners, ex-MPs, etc. - concerned CGHS Wellness Centre

Serving employees - concerned Ministry/Department/Office

Members of Parliament - Rajya Sabha Secretariat / Lok Sabha Secretariat

Beneficiaries of Autonomous Bodies - concerned Autonomous Body.

— OM, dated 9-10-2020.

5. Delegation of power for settlement of medical reimbursement/ to accord permission/grant of medical advances:—

₹ 2,000 for OPD and ₹ 5,000 for IPD	}	— Under Secretaries declared as Heads of Offices*
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Up to ₹ 2 lakhs (in case of serving employees)	— Head of Department
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Up to ₹ 2 lakhs (in case of Pensioners CGHS beneficiaries)	— Head of concerned CGHS covered city
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Claims exceeding limit of ₹ 2 lakhs to ₹ 5 lakhs worked as per rate list.	— Heads of Departments / Ministries without consultation of Internal Finance Division (IFD).
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Claims exceeding ₹ 5 lakhs worked as per rate list.	— Ministry/Department in consultation with Internal Finance Division (IFD).
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— OMs, dated 27-12-2006, 11-1-2011, 20-6-2014 and 23-11-2016.

* In Offices where the HoD are at New Delhi or at any other place far away, the cases may be decided by the Head of Office not below the rank of Joint Secretary to Government of India.

— OM, dated 10-12-2015.

6. The Medical Claims which are incomplete in documentation shall be examined for any minor deficiencies, which can be resolved to process the claims by Additional-Directors. These include Photocopy of CGHS Card and validity, Emergency Certificate, issue of Bed-Ticket at Hospital, etc. If empanelled hospital has not provided credit facility, explanation if any, shall be called for from empanelled hospital. In case of Chemotherapy, processing of the claims shall not be delayed. If some deficiencies still persist in documentation, Additional-Director, CGHS shall send a letter to the beneficiary by speed-post clearly indicating requisite documents within five working days of receipt of claim papers at the office of Additional-Director, CGHS. The beneficiary shall also be informed by telephone / e-mail to submit the same to the Office of Additional-Director, CGHS. As per the existing guidelines, the medical claims of beneficiaries aged 80 years and above shall be processed on priority out of turn.

— OM, dated 18-9-2019.

7. The time-limit for submission of final claims for reimbursement of medical expenses has been revised to 6 months.

Only the cases in which the bills are submitted after 6 months from the date of completion of medical treatment / discharge of the patient from the hospital are required to be taken up for condonation. The power of condonation of such delays and other terms and conditions would be same as enumerated in the O.M. No. S. 14025/8/99-MS, dated 25-5-1999.

— OM, dated 12-6-2020.

8. CGHS beneficiaries who have subscribed to Medical Insurance Policies can claim reimbursement both from Insurance Company and CGHS / Department subject to condition that the reimbursement should not exceed the total expenditure on treatment. — OM, dated 19-2-2009

11. Check-list of documents for the cases requiring relaxation

- (i) The case should be referred to this Ministry with the specific recommendations of the concerned Joint Secretary/HoD of the concerned Ministry/Department along with all supporting documents.
- (ii) Justification for full reimbursement along with the details of the patient including name of the patient, Beneficiary ID, a copy of the CGHS card and name of primary card holder (if other than patient).
- (iii) Amount of expenditure incurred on the treatment and item-wise break-up and hospital-wise break-up. In case of implants/appliances, if used, copy of purchase invoice of hospital/outer pouch sticker.
- (iv) Amount admissible under CGHS/CS (MA) rates.
- (v) Photocopy of the medical reimbursement claim form of CGHS/CS (MA) Rules, submitted by the beneficiary.
- (vi) Copy of the permission letter/sanction order issued for advance/reimbursement of expenses, if any.
- (vii) Amount of advance released, if any.
- (viii) Name of the hospital from where treatment taken, duration of treatment along with its status of recognition of hospital under CGHS/CS (MA).
- (ix) Photocopy of the bill from the hospital reflecting the statement of expenditure.
- (x) Copy of the permission letter issued by the Department for the treatment taken/to be taken in recognized/non-recognized hospitals, if any.
- (xi) Photocopy of the Discharge summaries, Investigation reports (a copy of progress report in case of prolonged stay in the hospital).
- (xii) Photocopy of the certificate of emergency treatment issued by the hospital.

- (xiii) Name, Designation, Mobile No. and Telephone No. of the officer who can provide additional information in the case of necessity.
— OM, dated 1-1-2016.

Powers delegated to the Additional Directors of CGHS Cities/Zones in respect of CGHS pensioner/ex-MPs/freedom fighters, etc. beneficiaries, without involving relaxation of rules.—

- (i) **Permission / ex post facto approval in non-empanelled hospitals/ diagnostic Labs/ Imaging Centre:** Requests for elective treatment/investigations, subject to the reimbursement being restricted to CGHS package rates or actual expenditure, whichever is less.
- (ii) **Permission / ex post facto approval in cases involving procedural lapse:** Requests for approval of elective treatment/investigations in empanelled hospitals/diagnostic centres without recommendation of Government Specialist or CMO and without prior permission, subject to the reimbursement being restricted to CGHS rates or actual expenditure, whichever is less.
- (iii) **Delegation of Powers for Settlement of Medical Reimbursement Claims (at approved rates) of Individual Pensioner Beneficiary, etc.:**

	Settlement of medical reimbursement claims	Settlement of Hospital Bills (at approved rates)	Claims/Hospital Bills in respect of Unlisted procedures / implants*
	₹	₹	₹
Additional-Director, CGHS of City/Zone	7,00,000	7,00,000	1,00,000 (no change)
Director, CGHS	15,00,000	15,00,000	up to 3,00,000
Additional Secretary and DG, CGHS	25,00,000	25,00,000	up to 5,00,000

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

In respect of unlisted treatment procedures / investigations / implants, which costs more than ₹ 1,50,000, the cases shall be placed before Standard Technical Committee (STC) for justification, before considering the approval.

— OMs, dated 5-10-2016 and 27-12-2023.

12. Guidelines for issue of medicines to CGHS beneficiaries from CGHS Wellness Centres

CMO In-charge of CGHS dispensaries have been permitted to issue medicines for a maximum period of 3 (three) months at a time against a valid prescription of Government specialist to CGHS beneficiaries suffering from chronic illness like diabetes, tuberculosis, heart ailment, hypertension, I.H.D, epilepsy, etc.

CMO In-charge of CGHS Wellness Centres are competent to revalidate the prescription on the request of patient, after professionally satisfying himself/herself about the medical condition of the patient and repeat the medicines prescribed by Government specialist to beneficiaries for another three months subject to the following conditions:—

- (a) Medicines shall be issued against a valid original prescription from a Government specialist advising the same.
- (b) CMO in-charge may issue the medicines prescribed by a Government specialist for three months at a time during the entire treatment period indicated clearly (e.g., six months/ one year) on the prescription.
- (c) CMO in-charge may examine and advise the patient on whether to continue with the same medicines as prescribed by the Government specialist or may refer him to the Government specialist for fresh consultation, if required medically.
- (d) CGHS GDMOs of the Wellness Centre may prescribe routine diagnostic tests to the patients before their follow-up consultation with the specialist. They should however, use discretion and not to advise specialized tests/investigations as they can only be advised by the specialists, wherever required.
- (e) Beneficiaries will be issued medicines for maximum three months period at a time. In such cases, where the advice of specialist is only for three months and the CMO in-charge is satisfied after professional examination that the same medicines are required to be continued for treatment, the prescription may be revalidated and medicines can be issued for another 3 (three) months, i.e., to a total of 6 (six) months. After six months, the beneficiaries will have to consult the Government specialist and obtain fresh prescription or get the prescription revalidated from the Government specialist in cases where the treatment period is not clearly indicated on the prescription. — OM, dated 28-3-2014.
- (f) Medicines can be issued for up to 6 months, for those CGHS beneficiaries, going abroad. — OM, dated 21-10-2014.

The CMO in-charge of the concerned CGHS Wellness Centre shall permit issue of OPD medicines subject to submission of the following :-

- (i) Copy of valid CGHS Card
- (ii) Valid prescription for six months
- (iii) Documentary proof of going abroad like ticket, visa, etc.

— OM, dated 19-8-2019.

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

(h) If the prescribed medicines are not available at the CGHS formulary but are essential for the treatment, CGHS Wellness Doctors can issue/indent medicines, based on the valid prescription of the authorized specialist, subject to conditions.

(i) In case of anti-cancer drugs and other life-saving drugs that are not approved by the DCGI for use in India, each case should be considered by the Experts Committee of Special DG (DGHS).

(j) Reimbursement for unlisted procedures/implants will be made at the rates approved by AIIMS/GB Pant Hospital/actuals, whichever is less.

— Sl. Nos. (g) to (j) OM, dated 23-12-2014.

(k) Every Physician of CGHS Wellness Centre should prescribe drugs with generic name legibly and preferably in Capital Letters and he/she shall ensure that there is a rational prescription and use of drugs.

— OM, dated 8-9-2017.

(l) For OPD treatments, beneficiaries should get the medicines only from CGHS Dispensary concerned and the cost of medicines purchased from outside is not reimbursable. In case of emergency, the beneficiaries can purchase the medicines directly from the authorized/registered chemist shops and claim reimbursement through their respective Head of the Department/Ministry in the case of serving employee and for all other beneficiaries through their Additional/Joint /Deputy Director of CGHS concerned, provided hospitalization is not involved for which separate provision exists.

— OMs, dated 24-7-1995 and 18-2-2000.

(m) Medical Officers of CGHS can issue the same medicines to 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.

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

— OM, dated 1-5-2018.

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

— OM, dated 17-6-2019.

- (ii) In case of CGHS beneficiaries, medicines can be allowed for post hospitalization period up to 7 days after discharge from empanelled private hospitals subject to the prescribed conditions.

— OM, dated 20-6-2014.

- (iii) The medicines prescribed by specialists shall be supplied by CGHS as per the available generic name at the CGHS Wellness Centre.

An alternative brand name having the same composition, shall be supplied at CGHS Wellness Centre.

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

13. Relaxation of consultation norms in respect of CGHS beneficiaries aged 70 years and above

- (i) CGHS beneficiaries aged 70 years and above shall be permitted to seek direct OPD Consultation from Specialists of private hospitals empanelled under CGHS without referral from CGHS Wellness Centre. The beneficiaries can also avail of the services through tele-consultation facility available through e-Sanjeevani (<https://esanjeevani.mohfw.gov.in/>).
- (ii) If any investigations / procedures are advised and are required in emergency, no other authorization is required and the same may be undertaken. However, in non-emergency conditions, approval of Competent Authority is required if any non-listed investigations / procedures are advised. Medicines prescribed are to be procured from CGHS Wellness Centre.

- (ii-a) It is clarified that there is no provision to undergo investigations at CGHS empanelled diagnostic laboratories and imaging centres without advice from Government specialists / CGHS Medical Officer / Specialists of empanelled hospitals. In case of unlisted investigations, approval of Competent Authority is necessary before undergoing such investigations. — OM, dated 1-10-2021.
- (iii) Private hospitals empanelled under CGHS shall provide such facilities on cashless basis at CGHS rates to pensioners, ex-MPs, Members of Parliament and such other categories of CGHS beneficiaries, who are eligible for treatment/investigations on credit basis. More than 70 year old dependants of serving CGHS beneficiaries, who are otherwise not eligible for cashless treatment shall claim the reimbursement from concerned Ministry/ Department. Beneficiaries of Autonomous Bodies / Statutory Bodies covered under CGHS shall claim reimbursement from the respective organization.— OMs, dated 29-5-2019 and 28-6-2024.
- (iv) Primary cardholder beneficiaries aged 70 and above shall be permitted to undergo 'Annual Health Check-up' at empanelled hospitals for which permission will be granted by CMO Incharge of the Wellness Centre. Private hospitals empanelled under CGHS shall perform the Annual Health Check-up at CGHS rates and extend cashless facility. — OM, dated 19-8-2019.

14. Special provisions to CGHS beneficiaries aged 80 years and above

- (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 well being/make a home visit if residing within 5 kms. 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.

— OM, dated 11-7-2017.

15. Guidelines to employees (serving/retired) covered under New Pension Scheme

- (a) Minimum years of qualifying service for eligibility of CGHS membership after retirement— 10 years.

- (b) No minimum qualifying years of service for availing CGHS facilities in case of death/disability.
- (c) In case of absorption into AB/SBs, NPS subscribers can avail CGHS after their retirement only if the SB/AB where they were absorbed is covered for their retired employees, subject to condition (a) above.
- (d) In case of deputation to AB/SBs, no CGHS coverage till such period of deputation continues unless the entity to where the employee has been transferred is covered by CGHS.
- (e) *Status quo* to be maintained for serving NPS subscribers subject to conditions at (c) and (d) above.
- (f) Other conditions such as definition of family, CGHS contributions, conditions of dependency, etc., will be applicable as per existing rules. — OM, dated 28-3-2017.

16. Treatment undertaken at private non-empanelled hospital, in case of emergency

- (a) CGHS beneficiaries and other Central Government employees including their eligible family members under CS (MA) Rules have the option to go to a nearby Government hospital / empanelled private hospital or **even any private hospital, in case of emergency**. In case of treatment undertaken at private non-empanelled hospitals under emergency, reimbursement will be limited to CGHS rates or actual, whichever may be lower.
- (b) Beneficiaries may decide to use their own health insurance cards for the hospitalization. In such cases, they are eligible for dual claim as per rules where the first claim is made to the insurance company. A set of certified documents submitted / issued by the insurer may then be submitted to the Office for reimbursement as per rules. The limitation being the CGHS rates in force, and in any case, shall not exceed the total expenditure incurred.
- (c) In case of emergency treatment in empanelled private hospital, NIC provides a letter to the concerned hospital, through the beneficiaries, on certification by the concerned wellness centres / nodal officers, to provide the necessary credit facility, stating that "the bills shall be paid as per rules". — OM, dated 26-4-2021.

FREQUENTLY ASKED QUESTIONS

1. *Are CGHS beneficiaries allowed to undergo treatment at any empanelled private hospital without a referral (permission) letter?*

CGHS beneficiaries are allowed to undergo treatment at private hospitals empanelled under CGHS of specific treatment procedures listed under CGHS rate list without any referral letter.

2. *Can a beneficiary holding a valid CGHS card get treatment at a private empanelled hospital during an emergency?*

Yes.

3. *A spouse of a Central Government employee is also employed under Central Government and is eligible for a separate card. Is it necessary for them to obtain separate CGHS cards?*

No. The spouse drawing higher pay shall obtain the card and the other spouse can avail CGHS benefits as a member.

4. *Is an unmarried son aged 26 and not employed but wholly dependent on a Government servant eligible for CGHS benefits?*

No. Unmarried sons below the age of 25 years are only eligible.

5. *Can a Central Government employee, residing outside a CGHS covered area, who is covered by CS (MA) Rules, opt for CGHS facility?*

Yes, a one-time option is given to all serving Central Government employees to opt for CGHS facility from the nearest Wellness Centre.

6. *Can a CGHS beneficiary continue his subscription when posted on foreign assignment?*

Yes. The cards of such employees are kept active to provide CGHS facilities to them and their families.