

17. Medical Attendance Rules

[Swamy's — Medical Attendance Rules]

1. General Scope

Employees and their family members are entitled to reimbursement for medical attendance and treatment. 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.

The reimbursement is for the following medical facilities:—

In India only:—

1. Avitaminosis and Hypovitaminosis.
2. Correction of squint (eye).
3. Disease(s) causing general debility and secondary anaemia.
4. Treatment for immunizing and prophylactic purposes — in the case of communicable diseases only.
5. Venereal diseases and Delirium Tremens.
6. Treatment of sterility.
7. Operation for sterilization.
8. Medical termination of pregnancy performed at Government hospital/recognized institution.
9. Confinement including at residence if attended by Child Welfare and Maternity Centres staff; pre-natal and post-natal treatment.
10. Testing of eyesight for glasses (once in three years) — For employees only.
11. Blood and blood transfusion charges.
12. Dental treatment — (only in Government hospitals, private recognized hospitals) Surgical operations needed for removal of Odontomes and impacted wisdom-tooth; Treatment of gum boils; Extraction. Scaling and gum treatment including Pyorrhoea and Gingivitis, Filling of teeth (cost of denture reimbursable), Root canal treatment.

- 12-A. Dental treatment can be availed by CS (MA) beneficiaries in any private hospital recognized under CGHS/CS (MA) Rules and the hospitals recognized by the State Government subject to conditions.
13. Anti-rabic treatment.
 14. Cost of Hepatitis Vaccine B, C & D.
 15. In-Vitro Fertilization (IVF) treatment.
 16. Reimbursement of cost of Liver Transplant Surgery.
 17. Reimbursement of cost of surgery of Photo Selective Vaporization of Prostate (PVP) using Green Light HPS Fibre (Angled Delivery Device).
 18. Reimbursement of Bariatric Surgery charges, subject to fulfilment of conditions.
 19. The rate for rt PCR Test for COVID-19 prescribed by ICMR or the rate prescribed for the State by the concerned State Government or actual, whichever is less, shall be admissible for reimbursement.
 20. Cost of pulse oximeter, one per family, subject to a ceiling of ₹ 1,200 to beneficiaries who have been tested COVID positive.
 21. Occupational Therapy, Speech Therapy and Applied Behaviour Analysis-based behaviour therapy for Autism Spectrum Disorder / Non-autistic person / children with ADHD and learning disabilities.
 22. Cost of continuous subcutaneous Insulin Infusion Pump Therapy.
 23. Cost of Lung Transplant and Heart Transplant Surgery, subject to permission.
- GIDs, Rule 8.

Outside India also—

1. Cardio vascular surgery.
2. Kidney transplant.
3. Other organ transplant.
4. Joint replacement and surgery.
5. Bone-marrow transplant.
6. Certain types of medical and oncological disorder, such as Leukaemia and neoplastic conditions.
7. Micro vascular surgery and neuro surgery.
8. Treatment with Laser which obviates the need of open surgery.
9. Treatment with Argon, Krypton and Yag Laser in Ophthalmic cases.
10. Extra corporeal stone disintegration by ultrasonic shock waves.

Medical treatment abroad requires a certificate from the Standing Committee established for the purpose. — Rules 8 and 11.

Reimbursement of charges for special nursing.— The charges incurred for any special nursing during in-patient treatment, shall be reimbursed to the extent which is in excess of 25% of the pay of the employee for the period for which special nursing was necessary. The ceiling rates for reimbursement for Special Nurse is ₹ 150 per shift of 12 hours and for Ayah/Attendant is ₹ 75 per shift of 12 hours. However, the expenses incurred on the engagement of special nurse/attendant/ayah at the residence of the patients are not reimbursable. — GIDs (29) and (30), Rule 2.

Surgical/Clinical charges incurred for Kidney Donors.— Government servants are eligible for reimbursement of expenses incurred on the surgery and post-operative care of the donor of the kidney to them or to a member of their family for transplantation. If undertaken at private recognized hospital, reimbursement will be restricted to CGHS approved rates.— GID (14), Rule 8.

Intra-Ocular Lens Implantation.— (a) Actual cost of Implantation/conventional operation for cataract patients and treatment thereto reimbursable if undertaken at Government hospital; if undertaken at private recognized hospitals reimbursement for the different types of IOL implants will be at the rates mentioned below or actual cost, whichever is less.

- | | | |
|--------------------------------------------------------------------|---|---------|
| 1. Hydrophilic Foldable IOL
(Multi-piece/Single-piece Aspheric) | — | ₹ 5,800 |
| 2. Hydrophilic Acrylic IOL | — | ₹ 4,500 |
| 3. PMMA IOL (A/c Pc) | — | ₹ 500 |
| 4. Scleral Fixated IOL | — | ₹ 3,500 |

(i) Reimbursement for LASIK Surgery and INTACS Rings is not recommended.

(ii) Therapeutic and Bandage Contact Lenses for Keratoconus of Corneal Ulcers can be considered on a case-to-case basis.

— GID (16), Rule 8.

(b) For conventional cataract operation, cost of spectacles for correction of distant/near vision limited to ₹ 200 reimbursable. Replacement of such spectacles if advised by AMA admissible every three years.

— Section 1, GID (15), Rule 8.

(c) Admissible for members of family also.

Artificial Appliances.— Reimbursement if prescribed by specialist of Government and recognized hospitals admissible in the following cases:—

1. Procurement/Adjustment/Repair of Artificial Orthopaedic Appliances. — GID (8), Rule 8.

2. -do- Digital Hearing Aid. — GID (10), Rule 8.

3. Cost of Heart Pacemaker and Replacement of Pulse Generator. — GID (18-A) and (18-B), Rule 8.

4. Replacement of diseased Heart Valves, Artificial Electronic Larynx.
5. Cost of knee and hip implants. — GID (19) and (19-A), Rule 8.
6. Cost of Nebulizer.
7. Cost of Oxygen Concentrator. — GID (11), Rule 8.
8. Cost of CPAP Machine and BIPAP Machine for domiciliary use of beneficiaries subject to the prescribed conditions.
— GID (24), Rule 8.
9. Cost of Neuro-Implants viz., Deep Brain Stimulation Implants, Intra-theal Beclofen Pump, Intra-theal Morphine Pump, Spinal Cord Stimulators. — GIDs (25), Rule 8.
10. Cost of cochlear implant subject to prescribed conditions.
— GID (27), Rule 8.
11. Cost of various coronary stents subject to prescribed conditions.
— GIDs (26-B) and (26-C), Rule 8.
12. Cost of stainless steel bare metal coronary stents subject to prescribed conditions. — GID (26-A), Rule 8.

NOTE.— For other artificial appliances for which reimbursement is admissible, see Annexure to GIDs (8) and (8-A), Rule 8.

2. Authorized Medical Attendants

1. A Department of the Central Government or Head of Department as specified in SR 2 (10) is empowered to appoint Medical Officers under the employ of the Central Government, State Governments and Union Territories, as also Medical Officers not in Government employ, i.e., private registered medical practitioners as Authorized Medical Attendants. Under the CS (MA) Rules, if no such Medical Officer is appointed, the following are AMAs:—

- (a) *For Group 'A' Officers and others drawing pay not less than ₹ 2,500 p.m. — Principal Medical Officer of the District;
- (b) *For officers drawing pay less than ₹ 2,500 p.m. but above ₹ 1,200 p.m. — Assistant Surgeons, Grade I, in the station; and
- (c) For the rest — Assistant Surgeons, Grade II (Medical Licentiate), or if he is not available, Assistant Surgeon, Grade I (Medical Graduate).

* In the pre-1996 pay scales.

2. Private Medical Practitioners are appointed as AMAs where adequate number of Government Doctors in various systems of medicines are not available or when their services are not available within a radius of five kilometres or because of the remoteness of the area.

3. The AMA of a Government servant is determined with reference to the place at which he falls ill, irrespective of whether it is the permanent/temporary residence or a place of casual stay.

4. In places where AMAs have been appointed, they should be consulted. If no AMA has been appointed in a suburban area, treatment may be had from AMA employed in a Government hospital in the adjoining city, but not from private medical practitioner appointed as AMA outside the place of duty.

— GIDs, Rule 2 (a).

Reference to Specialist/Other Medical Officer.— If the condition of the patient so requires, the AMA can—

- (1) send the patient to the nearest Specialist or other Medical Officer; or
- (2) summon the Specialist/Medical Officer to attend on his patient who is too ill to travel.

— Rule 5.

3. Recognized Hospitals

General Treatment

1. All State Government hospitals, including those maintained by Municipal Committees and District Boards;
2. All hospitals, primary health centres and dispensaries recognized by State Governments for treatment of their employees and/or members of their families;
3. All hospitals/dispensaries attached to Public Sector Undertakings/Projects/Port Trusts;
4. All maternity and child welfare centres with facilities for indoor treatment and recognized by State Governments;
5. Cantonment hospitals in cantonment areas where there are no Government hospitals, for treatment of Government servants and members of their families residing in those areas and also in the adjoining areas outside cantonment limits;
6. All Railway hospitals;
7. Pay clinics in Bihar, Punjab, Haryana, Uttar Pradesh, Madhya Pradesh, Rajasthan and Chandigarh; and
8. All Hospitals recognized by the State Government/CGHS Rules / CS (MA) Rules.
9. All Hospitals fully funded by the Central Government or State Government.

10. Simplification of procedure for treatment at private hospitals empanelled under CS (MA) Rules.— Refer Para. (xii) under Sl. No. 9 in Section 16.
— GID (12-A), Rule 2.

Special Diseases

1.	Cancer; Hodgkin's Disease; Leukaemias	Hospitals where specialized treatment for cancer is available and recognized for the purpose. Any multi-speciality general purpose hospital that provides treatment to cancer patients. — Section 3 - Para. I.
2.	Mental Diseases	Recognized mental hospitals
3.	Poliomyelitis; Cerebral Palsy; Spastics	Hospitals where specialized treatment for poliomyelitis is available and recognized for the purpose.
4.	Tubercular Diseases	Recognized hospitals and all institutions/hospitals/clinics, etc., providing treatment for tuberculosis directly administered by State Governments.
5.	Leprosy	In-patient institutions recognized for the purpose and all institutions/hospitals/clinics, etc., providing facilities for treatment of leprosy, which are directly administered by the State/Central Government.
6.	Thalassaemia Major	All institutions/hospitals/clinics, etc., providing facilities for treatment of Thalassaemia Major which are directly administered by the State Government or attached to Public Sector Undertakings / Projects.
7.	Diabetes	All Recognized Hospitals.
8.	Chronic Active Hepatitis, Subset of Hepatitis 'B', 'C' & 'D' infection	All Recognized Hospitals.

— Appendices - I to VI and Section 3.

4. Concessions for Family

1. **Definition.**— 'Family' means employee's—

- Husband/Wife* including more than one wife and also judicially separated wife.
- Parents and Stepmother.*

In the case of adoption, only the adoptive and not the real parents.

If the adoptive father has more than one wife, the first wife only.

An employee has a choice to include either his/her parents or parents-in-law for availing medical facilities, subject to conditions of dependence and residence being satisfied. — OM, dated 28-3-2024.

(iii) *Children* including legally adopted children, stepchildren and children taken as wards subject to the following conditions:—

Unmarried Son ... Till he starts earning, or attains the age of 25 years, whichever is earlier.

Daughter ... Till she starts earning or gets married, whichever is earlier, irrespective of age-limit.

Son suffering from permanent disability of any kind (physical or mental) ... No age-limit.

(iv) Widowed daughters and dependent divorced/separated daughters.— irrespective of age-limit.

(v) Sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters.— irrespective of age-limit.

(vi) Minor brothers

(vii) Permanently disabled dependent brother ... No age-limit.

— Order 1, Section 4.

2. Dependency.— The income limit for dependency of the family members (other than spouse) is ₹ 9,000 *plus* the amount of Dearness Relief admissible on ₹ 9,000 on the date of consideration of the claim.

— Order 2 (b), Section 4.

Parents residing with either the Government servant or the rest of the family members in a station other than the employee's headquarters are eligible for reimbursement.

3. When both husband and wife are employed.— (a) The spouse employed in a State Government, Defence/Railways or Corporation/Bodies financed partly/wholly by the Central/State Government, local bodies and private organizations, which provides medical services, may choose either the facilities under the Central Government rules or facilities provided by the organization in which the spouse is employed.

(b) Where both are Central Government servants, either of them may prefer claim for self and eligible members of their family, according to his/her status.

(c) In both the types of cases, a joint declaration is required to be furnished as to who will be preferring the claim. In the absence of joint declaration in the case coming under (b), the concession is to be availed

of by the wife and family members according to the status of the husband. Declaration may be changed as oftentimes as the circumstances like promotion, transfer, resignation, etc., require.

(d) If judicially separated, pending decision on guardianship, reimbursement for children may be allowed to either spouse.

(e) If the spouse is in receipt of fixed medical allowance, the Government servant can avail medical facilities under Medical Attendance Rules for himself and members of family residing with him except for the spouse.

— Section 4.

5. Guidelines

1. The treatment at the consulting room of AMA is limited to ten days with a maximum of four consultations and normally ten injections. The number of injections may go up to fifteen depending on patient's ailment.

2. The limit of ten days treatment at the consulting room of AMA may be increased to forty days if the treatment is had in Indian system of Medicines and in Homoeopathy. The total number of consultations will, however, remain four at an interval of ten days.

3. The limit of four consultations within ten days is applicable for attendance with a Specialist/other Medical Officer and will count from the date from which the Specialist/other Medical Officer, is consulted.

4. Cases of medical treatment requiring hospitalization have to be referred to Government/recognized hospital.

5. If hospitalization is not considered necessary, but treatment is expected to be prolonged requiring more than four consultations or more than a course of fifteen injections, as the case may be, either separately or concurrently, the patient should be referred to out-patient department of Government/recognized hospital.

6. If, for want of accommodation, admission to a hospital is not possible, reimbursement of expenses incurred on treatment is permissible to the extent otherwise admissible.

7. Separate claim is to be preferred for each spell of illness or an entirely new disease.

8. To justify a claim for a second time, for the recurrence of the same disease, there should be a reasonable gap between the closing of the first spell and the recurrence of the second spell.

9. When a patient consults the same AMA in regard to the superimposition of another disease during the course of treatment of one disease, it is regarded as a fresh consultation and charged for at full rates.

10. Every consultation after the first for the same illness of the same patient with the same AMA is treated as subsequent consultation and charged for at the prescribed lower rates.

11. If at the time of consultation the Medical Officer consulted also administers injections, he will be entitled to charge fees both for the consultation and for the injection at the prescribed rates. However, if at a later stage the Medical Officer administers injections prescribed at the previous consultation, fees should be charged for injections only.

12. Consultation on the tenth day of treatment is permissible, if no medicine is prescribed on that consultation.

— Section 1, GIDs and GID (7), Section 7, Rules 2 and 3.

13. Purchase of Allopathic medicines and drugs can be made from any chemist/druggist licensed under the Drugs and Cosmetics Act and rules framed thereunder. Purchase of Ayurvedic/Siddha/Unani medicines can be made only from approved pharmacies.

14. The Controlling authorities should ensure that the prices charged and reimbursed are in accordance with the Drugs Price Control Order issued from time to time, i.e., as indicated in the labels, cartons, etc. — Appendix-IX.

15. The claim for reimbursement should be received within 6 months. However, subject to certain conditions, the Departments/Ministries may condone the delay beyond 6 months. — GIDs (8) and (9), Rule 11, Section 1.

16. Reimbursement of medical claims of Government servants who are admitted in the Hospitals before retirement but discharged after their retirement should be made by their own Office/Department/Ministry concerned.
— GID (5), Rule 1.

17. Government servants who have subscribed to Medical Insurance Policies can claim reimbursement from both Insurance Company and department subject to condition that the reimbursement should not exceed the total expenditure on the treatment.
— GID (7), Rule 6.

18. Delegation of Powers to HoD for settling permission cases and for approval:—

- (i) HoD may grant permission for indoor treatment in a private hospital on the prescription of concerned AMA.
- (ii) HoD may decide cases of reimbursement of treatment obtained in emergency at private hospital/nursing home/clinic, subject to item-wise ceiling as per rates prescribed, up to the limit of ₹ 5 lakhs.
- (iii) 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 up to the limit of ₹ 2 lakhs.
— GID (9-B), Rule 11.

- (iv) Reimbursement exceeding ₹ 5 lakhs to be settled in consultation with IFD. Only cases for relaxation may be referred to the Ministry.
— GID (9-A), Rule 11 and OM, dated 15-1-2024.

19. The medical prescription issued by an AMA/Government Specialist prescribing diagnostic tests/investigation is valid for a single use within a period of two weeks from the date of prescription unless specified by them in the prescription as valid beyond two weeks.

The medical prescription would require revalidation or issue of a fresh prescription from the prescribing AMA/Government specialist for getting the prescribed tests done after expiry of the validity period.

— GID (24-A), Rule 2.

20. Rate of Consultation / Visiting / Injection fee for AMA—

Medical Postgraduate / Specialists	Rate as advised by Dte. CGH and Dte. CGHS
<i>Consultation Fees</i>	
First consultation	₹ 350
Subsequent consultation	₹ 350
<i>Injection Fees</i>	
Intramuscular / subcutaneous	₹ 25
Intravenous	₹ 50
Medical Licentiates and Medical Graduates (MBBS or equivalent)	
<i>Consultation Fees</i>	
First consultation	₹ 200
Subsequent consultation	₹ 200
<i>Injection Fees</i>	
Intramuscular / subcutaneous	₹ 25
Intravenous	₹ 50

There are no separate charges for day and night consultation.

— OM, dated 20-9-2023.

6. Medical Advance

Admissibility.— 1. Admissible to all Government servants irrespective of pay limit.

2. An advance may be paid for in-patient treatment in a recognized hospital.

3. May also be paid for treatment of TB, Cancer, Acute Myeloid Leukemia and Chronic Active Hepatitis 'B', 'C' & 'D' at the consulting room of the Medical Officer, at the residence of the Government servant or as an out-patient.

4. For purchase/replacement, repair and adjustment of admissible artificial appliances.

5. Application for advance should be accompanied by necessary certificate from the Medical Officer/Specialist indicating the duration of treatment and the anticipated cost thereof, under the rules.

6. For temporary officials, surety from permanent Government servant is required.

Amount of advance.— 1. (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.

— Order (2-A), Section 2.

Clarification on grant of advance. — See Para. (c) under Section 16.

— Order (2-B), Section 2.

(c) *For TB where the duration of treatment is more than 3 months.*— 80% of the estimated cost or ₹ 36,000, whichever is less, on the certificate of the hospital authority as to the duration and cost of treatment.

— Order (2), Section 2.

2. The advance may be paid in one or more instalments for the same illness or injury, subject to the limit prescribed.

3. There is no limit for the number of advances payable to an official with reference to himself and to each member of his family and for each case of illness.

Adjustment of advance.— Advance paid to the official is to be adjusted against the relevant claim and balance, if any, recovered from pay in four instalments. In cases of prolonged treatment, reimbursement may continue to be allowed on the basis of necessary certificate in this regard, the advance being adjusted in the final claim.

When advance is paid direct to the hospital, the employee should submit the adjustment bills for final settlement within one month from the date of his discharge from hospital. The Head of Office will correspond direct with the hospital for refund of the unutilized balance, if any.

When Government servant is too ill to apply.— In case of serious illness / accidents where the official is unable to apply, the advance may be

sanctioned on an application in writing made on his behalf by his wife or other legal heir.

Special provisions.— In the case of the following artificial appliances, once the instrument/equipment is prescribed by the Specialist in a Government/recognized hospital, the Administrative Ministries/Departments would make the payment direct to the supplying agency and not to the Government servant:—

- (i) Supply of the Heart Pacemaker and the replacement of its Pulse Generator.
- (ii) Replacement of diseased Heart Valves.
- (iii) Artificial Electronic Larynx.
- (iv) Artificial Hearing Aid. — GIDs (6) to (10), Rule 8, Section 1.

7. T.A. for medical attendance and treatment

Employees and members of their families are entitled to T.A. for their journeys to obtain appropriate medical attendance and treatment if it is certified by the AMA/Specialist/Medical Officer attached to the Hospital to whom the patient was referred, that the journey was unavoidably necessary to obtain treatment. The entitlements are as under—

1. Journey by rail/road/sea/air.— The patient (Government servant or member of his family) and also attendant (wherever recommended) entitled to T.A. *plus* D.A. for the period of journey undertaken by rail, road, sea (ship, steamer, etc.) and air (within and outside the country). No D.A. for halt.

2. Journey within same city and the distance travelled is more than 8 kilometres each way.— Actual conveyance charges limited to mileage allowance at tour rates for the Government servant and at half the tour rates to family members.

3. Special provision.— Refund of air fare paid in individual cases will be considered on merits if Government is satisfied that air travel was absolutely essential and that travel by any other means would have definitely endangered the life of the patient/involved a risk of serious aggravation of his condition. Patients from Imphal and other similarly placed stations and Tripura referred for treatment to Kolkata and back are eligible for air travel facility.

— Appendix - VII.

4. Ambulance charges (reimbursement).—

- (i) The ambulance should be used within the same city.
- (ii) The ambulance should belong to Government or local fund or a social service organization such as Red Cross Society, etc.
- (iii) The ambulance is used to convey a patient to a place of treatment or from one hospital to another for purposes of certain medical examination, etc.

- (iv) It should be certified that the conveyance of the patient by any other means would definitely endanger his/her life or grossly aggravate the conditions of his/her health.

5. Attendant/Escort.— T.A. as for family member for journeys both ways, if it is certified that it is unsafe for the patient to travel unattended and that an attendant/escort is necessary to accompany him to the place of treatment.

T.A. as above will also be admissible if it becomes necessary for an attendant/escort to travel again to fetch the patient and so certified.

6. Travelling Expenses incurred for Kidney Donor.— Government servants are eligible for reimbursement of travelling expenses of the donor of a kidney to them or to a member of their family for the journeys made in connection with the transplantation at the following rates:—

- (a) If the donor is a private person, T.A. is admissible at the rates of the recipient Government servant;
- (b) If the donor is another Government servant or his family member, T.A. is admissible at the rates applicable to the donor Government servant.

— Appendix - VII.

8. Relaxation of rules

In cases of serious accidents or illness, an employee or a member of his family may be admitted for emergent treatment in the nearest private hospital in the absence of a Government or recognized hospital nearer than the private hospital. Reimbursement of expenditure may be allowed in such cases by the Heads of Departments as defined in Rule 3 (1) (f), *Delegation of Financial Powers Rules*, subject to the following guidelines:—

1. The persons on the spot may use their discretion for taking the patient to the private hospital. The question whether it was a case of real emergency necessitating admission in a private institution will be decided on merits by the controlling authorities.
2. Medical expenses incurred in a private hospital are reimbursable without any distinction between private hospitals and private clinics/nursing homes; but treatment in private clinics/nursing homes of AMAs is not permissible.
3. There is no limit on the amount that can be reimbursed, but individual ceilings prescribed for various items of treatment under different systems of medicine have to be applied.
4. In a case where the expenditure likely to be incurred on the treatment of Government servant or member of his family admitted to a private hospital in emergent circumstances (under the relaxation provision) is beyond the paying capacity of the employee, the Department of the Government of India may authorize the controlling authority to meet directly the expenditure incurred on admissible items of treatment subject to the

prescribed limits. The Controlling Officer may make advance payments or advance deposits to the hospital, if demanded.
— Appendix - VIII.

5. Medical expenses incurred in a non-empanelled private hospital are reimbursable as per the prevailing non-NABH CGHS rates as applicable to a CGHS covered city and non-NABH rates applicable to the nearest CGHS covered city in case of non-CGHS city, as the case may be, or the actuals, whichever is less.
— Appendix - VIII, Order (8).

6. Check-list of documents to be submitted by the referring Ministry/ Department for the cases requiring relaxation of procedures for medical reimbursement (see Sl. No. 9 under Section 16 of this Handbook).
— Order (12), Rule 11.

9. Treatment outside India

Medical treatment outside India is permissible for treatment for certain ailments (see list in Subject 1) for which facilities are not available in India. The Standing Committee constituted for this purpose by the Ministry of Health and Family Welfare will give approval for treatment and reimbursement. Prior approval of the Committee is essential. However, if approval could not be obtained due to circumstances beyond the control of the employee, reimbursement may be allowed subject to fulfilment of other conditions.

The Committee, if satisfied, authorizes an attendant to accompany the patient, he/she is entitled for to and fro air fare. The expenditure on this account also will be reimbursable.
— GID, Rule 11.

10. Medical claims — Some useful tips

1. Your pay and place of illness will determine who your AMA is.
2. Consult your AMA first and proceed according to his advice.
3. Ensure that you purchase only the reimbursable medicines from the approved pharmacy in case of treatment under Ayurvedic, Siddha and Unani systems. Consult Swamy's latest List of Medicines — admissible and inadmissible.
4. Support your claims with all the prescribed certificates.
5. Ensure that you get cash vouchers correctly and properly and get the countersignature of the AMA on each of them.
6. Ensure that the Essentiality Certificate given by the AMA is correctly filled in.
7. Ensure that the AMA's designation, qualification and Registration Number are correctly given.
8. If you go to a hospital for treatment as in-patient either for yourself or a family member, inform the Medical Officer-in-charge of your pay so that he may allot accommodation according to your status.

9. Once you are admitted as in-patient, follow the rules and procedure of the hospital. Rules vary from hospital to hospital.

10. Before leaving the hospital after treatment, get the hospital bills, receipts, vouchers, essentiality certificates, etc., duly signed or countersigned by the AMA or by the Medical Officer-in-charge of the hospital, as the case may be, for claiming refund.

11. You need not consult your AMA for getting in-patient treatment for yourself or family members from a hospital where you are normally entitled to the treatment. Female members may, however, be admitted in any recognized women's hospital.

12. Ensure that the claim is preferred within 6 months of completion of treatment.
— Appendix-X.

FREQUENTLY ASKED QUESTIONS

1. *What is the age-limit of an unmarried son and an unmarried daughter who are wholly dependent on a Government servant for reimbursement of medical claims?*

Unmarried son : 25 years

Unmarried daughter : No age-limit

2. *How is the eligibility of family members of a Central Government employee determined with reference to the income limit, for availing medical facilities?*

The income limit is ₹ 9,000 plus Dearness Relief drawn as on the date of consideration.

3. *Is it necessary to obtain a referral letter for undergoing treatment at private hospitals empanelled under CGHS ?*

No, the prescription in original (or a self-attested photocopy) along with hospital bill is sufficient for treatment procedures for which CGHS rates are available.

4. *What is the amount of advance granted to serving beneficiaries for indoor treatment?*

90% of approved CGHS package rates.

5. *What is the validity period for a private hospital recognized under CS (MA) Rules?*

As per the instant guidelines, private hospitals are recognized for a fixed period of 4 years from the date of issue of OM.