

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy/2024

12 Mar 2024

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023.
2. As per existing policy on procurement of domiciliary med eqpt, various types of aids/eqpts are being purchased through SEMOs. It has been brought to notice that many such eqpts particularly hearing aids are not being collected by ECHS beneficiaries after procurement due to various reasons. As these eqpts do not have indefinite shelf life they need to be utilized adequately within its useful shelf life. As wait for collection can not be indefinite a need is felt to frame suitable guidelines for judicious use of procured domiciliary aids/ eqpts out of govt fund.
3. Guidelines on the subject matter are as follows :-
 - (a) Domiciliary eqpts are mandatorily needed to be collected within 60 days from date of taking on ledger at med store of service hospital. All possible effort should be made by ECHS PC to liaise with the ECHS beneficiary to collect it within 60 days.
 - (b) Beyond 60 days SEMO is hereby authorised to issue the same eqpt to any other suitable ECHS beneficiary for whom recommendation matches available left over domiciliary eqpt.
 - (c) A reconciliation certificate needs to be issued by SEMO stating that domiciliary med eqpts purchased in name of one indl is now being issued to a new indl due to non collection by the previous beneficiary.

- (d) The manufacturer warranty should start from date of issue to new ECHS beneficiary (suitable changes in terms & conditions may be included by SEMO during procurement process of such eqpts). Its maintenance, repair and replacement will be governed as per a/m letter under reference.
- (e) The ECHS beneficiary in whose name the domiciliary med eqpt was originally purchased should be banned for next 06 months from date of issue to the other ECHS beneficiary for processing demand for similar type of eqpt again.
4. This has approval of MD ECHS.

(Sri Kant Kumar)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

Encls : As above

Copy to :-

MoD/DoESW

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

DGMS (Navy)/ Dir ECHS (Navy)

HQ Cost Guard Veteran Cell
(Email –cgvcpers@indian cost guard.nic.in)

AMA ECHS, Embassy of India, Nepal

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B/49761/AG/ECHS/Medicine Policy/2023

12 Dec 2023

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EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dt 08 Dec 2023 (copy attached).
2. It is clarified that it is responsibility of OIC, ECHS Polyclinic to ascertain that domiciliary med equipments demand in respect of an individual placed through SEMO is cancelled before processing prior sanction for individual reimbursement as per Para 3 (a)(i) as it would lead to double purchase. In such cases written confirmation from SEMO about cancellation of ECHS Polyclinic demand or supply order is mandatory before processing prior sanction.
3. It is also clarified that provision of Para 3(b) is applicable only for domiciliary med equipments with ceiling rates and those without ceiling rates will continue to be purchased as per Para 3 (a)(ii) only.
4. The letter mentioned at Para 1 above may please be treated as cancelled.



(Sri Kant Kumar)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

Encls : As above.

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| Ops & Coord | - | For info pl. |
| Stats & Automation Sec | - | for uploading this letter on ECHS website. |
| Claim Sec | - | For info pl. |

Re: 25683476

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B/49761/AG/ECHS/Medicine Policy/2023

08 Dec 2023

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EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dt 30 Nov 2023 (copy attached).
2. It is clarified that it is responsibility of OIC, ECHS Polyclinic to ascertain that hearing aid demand in respect of an individual placed through SEMO is cancelled before processing prior sanction for individual reimbursement as per Para 3 (a)(i) as it would lead to double purchase. In such cases written confirmation from SEMO about cancellation of ECHS Polyclinic demand or supply order is mandatory before processing prior sanction.
3. It is also clarified that provision of Para 3(b) is applicable only for domiciliary med equipment with ceiling rates and those without ceiling rates will continue to be purchased as per Para 3 (a)(ii) only.



(Sri Kant Kumar)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

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All Regional Centres

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref the fwg (copies attached) :-

- (a) Gol (MoD/DoESW) letter No 24(8)03/US(WE)/D (Res) dt 19 Dec 2003.
- (b) Min of Health & Family Welfare O.M. No. 1-19/2018/CGHS (HQ)/R&H/EHS dated 03 Jun 2019.
- (c) Gol (MoD/DoESW) letter No 18(114)/2017/WE/D(Res-I) dt 18 Sep 2019.
- (d) Min of Health & Family Welfare O.M. No. S.11011/37/2019-ECHS dated 01 Dec 2020.
- (e) Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2022 dt 10 Jun 2022.

2. It is learnt from the environment that ECHS beneficiaries consisting mostly of aged indl and senior citizens are facing tremendous inconvenience while processing for domiciliary med equipments including some of life saving equipments. Due to prolonged existing procurement policy ESMs or their NoKs have to make multiple visits to ECHS Polyclinic or service hospitals for follow up, many times service hospitals fail to provide equipments and sometime quality issues plague our esteemed ESMs. The matter has been comprehensively discussed with the competent authority and revised guidelines in respect of domiciliary medical equipments are as per succeeding paras. The prevailing CGHS rates of listed Domiciliary Medical Equipments are given in Appx.

3. Issue Procedure.

- (a) Individual Reimbursement : Grant of Prior Sanction. Based on advice of concerned Specialist of Service/Govt hosp, ECHS beneficiary has an option to purchase the Domiciliary Medical Equipment and claim reimbursement after taking prior approval as per following procedure :-

(i) **Domiciliary Medical Equipment for Which Ceiling Rates are available.** ECHS beneficiary requests for prior sanction from concerned Director RC ECHS through OIC ECHS Polyclinic based on recommendation of concerned Specialist of Service Hospital or Government Hospital. Director RC ECHS will issue prior sanction letter to the individual beneficiary based on the recommendation of a/m specialists and request by the beneficiary. OIC ECHS Polyclinic will ensure that any similar demand is not being processed by SEMO and prior sanction is to be given to a beneficiary only after confirmation from SEMO in such cases.

(ii) **Domiciliary Medical Equipment for Which no Ceiling Rates are available.** Domiciliary Medical Equipment other than those listed in Appx 'A', like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee as mentioned vide Para 5 of GoI (MoD/DoESW) letter No 22A(37)2018/WE/D (Res-I) dated 15 Jan 2019. Composition of the High Power Committee would be as under :-

(aa) JS, ESW	-	Chairman
(ab) Government Hospital Specialist Doctor (of concerned speciality)	-	Member
(ac) Director/DS/US, DoESW	-	Member
(ad) Director (Medical), CO ECHS	-	Member-Secretary
(ae) Representative of MoD (Fin/Pen)	-	Member.

(iii) Once prior sanction is obtained, the equipment can be purchased by the ECHS beneficiary and claim may be submitted to OIC PC who will verify equipment and documents and upload the claim as individual reimbursement on BPA portal. Veterans are at liberty to purchase higher quality equipments but reimbursement will not exceed prevailing CGHS rates as amended from time to time.

(iv) Following documents should be submitted by ECHS Beneficiary for claiming reimbursement of Domiciliary Medical Equipment :-

- (aa) Prior sanction letter of Director RC ECHS or High Powered Committee.
- (ab) Original Bill of Domiciliary Medical Equipment.
- (ac) Contingent Bill.
- (ad) Cancelled Cheque/Bank details of beneficiary.
- (ae) Copy of ECHS Card of beneficiary.
- (af) Certificate from PC that the same type of equipment for the purpose was not issued in last five years.

(b) **Through SEMO.** If a veteran does not want to avail the indl reimbursement route the Domiciliary Medical Equipment can be procured through SEMO also. Based on advice of concerned Specialist of Service/Govt hosp, OIC ECHS Polyclinic will forward demand to SEMO. SEMO will procure the said Domiciliary Medical Equipment and issue the same to the ECHS beneficiary. Copy of IVs and RVs will be forward to ECHS Polyclinic for record.

4. **Consumables.** The consumables for the equipments will be procured by SEMO/Comdt/CO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC). If the same is not available in ALC/dispensary of ECHS Polyclinic then NA on prescription will be given to the beneficiary based on which he/she can purchase from local market and claim reimbursement.

5. **Repair & Maintenance/Annual Maintenance.** Cost of repair & maintenance will be borne by the beneficiary themselves and will not be reimbursable.

6. **Replacement of Domiciliary Medical Equipment.** Request for replacement of Domiciliary Medical Equipment after completion of five years can be processed based on condition of the equipment. Following procedure will be adopted for Replacement of Domiciliary Medical Equipment :-

(a) **Domiciliary Medical Equipment procured by SEMO.** If Domiciliary Medical Equipment is procured and issued by SEMO and equipment is non-functional after completion of five years of purchase, Unserviceability Certificate will be obtained by OIC ECHS Polyclinic from Authorised Service Engineer of OEM with assistance of SEMO if required. Based on Unserviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of machine/equipment.

(b) **Domiciliary Medical Equipment procured by Individual Beneficiary.** If the Domiciliary Medical Equipment is non-functional after completion of five years of purchase, then Individual beneficiary should obtain Unserviceability Certificate from Authorised Service Enginner of OME of that Domiciliary Medical Equipment. Based on Unserviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of machine/equipment.

(c) In case Domiciliary Medical Equipment becomes unserviceable before five yrs, the warranty conditions will apply if the eqpt is under warranty. If the warranty period is over, similar procedure as given out in Para 6 (a) & 6 (b) above will be followed.

7. **Expenditure.**

(a) The expenditure on procurement of Domiciliary Medical Equipment by the SEMO will be debited to Major Head 2076 Minor Head 107 (C) Code Head 363/01.

(b) The expenditure on procurement of Domiciliary Medical Equipment by the individual beneficiary will be debited to Major Head 2076 Minor Head 107 Code Head 365/00 for which the payment will be made by respective Regional Centres as per extant procedure for payment of individual reimbursement.

8. CFA.

(a) Domiciliary Medical Equipment procured by SEMO. CFAs will be as per schedule 2.4, DFPDS-2016 as amended from time to time.

(b) CFA for individual reimbursement of cost of Domiciliary Medical Equipment will be as per Para 1 of Govt of India, Ministry of Defence (DoESW) ID No 25(01)/2018/WE/D(Res-I) dt 09 Jul 2019 as amended from time to time.

9. These instructions will supersede all previous policy letters issued earlier with respect to issue of Domiciliary Medical Equipment to ECHS beneficiary.

10. These guidelines will be effective from date of issue of this letter.

11. This has approval of MD ECHS.

(Sri Kant Kumar)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

Encls : As above

Copy to :-

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Appx

(Refer to Central Org ECHS
letter No B /49761/AG/ECHS/
Medicine Policy/2023 dt 30 Nov 2023

Ser No	Eqpt	Recommended By Concerned Specialist of Service Hosp/Govt Hosp	Ceiling Rate	Remarks
(a)	CPAP/BIPAP machine	Respiratory Medicine Specialist/Medical Specialist	<ul style="list-style-type: none"> (i) CPAP – Rs 45,000/- + GST. (ii) BIPAP (earlier Bi-Level CPAP) – Rs 68,000/- + GST. (iii) Bi-Level Ventilatory System – Rs 1,05,000/- + GST. 	-
(b)	Hearing Aid	ENT Specialist	<ul style="list-style-type: none"> (i) Digital BTE - Rs 8,000/- + GST. (ii) Digital ITC/ CIC - Rs 9,000/- + GST. 	<ul style="list-style-type: none"> (i) The cost of BTE type hearing aids shall also include the cost of hearing mould. (ii) The cost of ITC/CIC type hearing aids shall also include the cost of customised shell. (iii) Body worn/pocket type category and Analogue BTE category with ceiling rates Rs 3,000/- per ear and Rs 7,000/- per ear have been excluded, since they have become obsolete.
(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/Neuro Physician/ Orthopaedician/ Surgeon	<ul style="list-style-type: none"> (i) The appliances will be allowed for re-issue on completion of 5 yrs in case of adults and 2 yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per Annex. 	-

Ser No	Eqpt	Recommended By Concerned Specialist of Service Hosp/Govt Hosp	Ceiling Rate	Remarks
(d)	Nebuliser, Glucometer, Oxygen Concentrator	Medcial Specialist	(i) Oxygen Concentrator – Rs 45,000/- + GST. (ii) Nebuliser – Rs 3,000/- or actual cost whichever is less. (iii) Glucometer – CGHS rate	-
(e)	Any other item recommended for domiciliary use authorized under CGHS scheme	Concerned Specialist	CGHS rates will apply	-

Annx

(Refer to Central Org ECHS
 Ser No (c) of Appx of letter No
 B /49761/AG/ECHS/
 Medicine Policy/2023
 dt 30 Nov 2023

MOBILITY AIDS

Ser No	Name of Orthosis	Approved Rate/Price (Child above 12 Yrs)	Approved Rate/Price (Child 7-12 Yrs)	Approved Rate/Price (Child 0-6 Yrs)
1.	Walking Stick (Adjustable Aluminium)	Rs 350/-	Rs 350/-	Not Applicable
2.	Tripod/Quadripod walking stick Aluminium	Rs 750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch/Elbow crutch (Aluminium Adjustable)	Rs 850/-	Rs 650/-	Not Applicable
4.	Walking/Rollator (Aluminium)	Rs 1500/-	Rs 1200/-	Rs 900/-
5.	CP Chair/CP Stand	Not Applicable	Rs 7300/-	Rs 7000/-
6.	CommodeChair	Rs 2500/-	Rs 2500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	Rs 7000/-	Rs 4000/-	Not Applicable
8.	Motorized Wheel Chair :- (i) Quadriplegic wheel chair with chin and head control (ii) Quadriplegic wheel chair with joy stick (iii) Motorized wheel chair (Handle driven)	Rs 1,10,000/- Rs 60,000/- Rs 35,000/-	Not Applicable Not Applicable Not Applicable	Not Applicable Not Applicable Not Applicable
9.	Tricycle Hand Propelled	Rs 6000/-	Not Applicable	Not Applicable

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10 Jun 2022

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1. Please ref the fwg (copies attached) :-

- (a) Gol (MoD/DoESW) letter No 24(8)03/US(WE)/D (Res) dt 19 Dec 2003.
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- (e) Central Org ECHS letter No B/49761/AG/ECHS dt 09 Dec 2019.
- (f) Min of Health & Family Welfare O.M. No. S.11011/37/2019-ECHS dated 01 Dec 2020.

2. The responsibility of providing Domiciliary Medical Equipment to ECHS beneficiary and their dependents rest with SEMO (Commandant/CO Service Hospital) when use of such equipments is **considered essential on medical grounds on recommendation of the Service Specialist/Government Hospital Specialist**. The cost of equipment will not exceed CGHS rates as amended from time to time. The prevailing CGHS rates of listed Domiciliary Medical Equipments are given in Appx 'A'.

Issue Procedure

- (a) **Through SEMO.** Based on advise of concerned Specialist of Service/Govt hosp, OIC ECHS Polyclinic will forward demand to SEMO. SEMO will procure the said Domiciliary Medical Equipment and issue the same to the ECHS beneficiary. Copy of IVs and RVs will be forward to ECHS Polyclinic for record. If demand is not fulfilled within 90 days of the receipt of demand from the polyclinic, then NAC should be given by SEMO and the sup order should be cancelled.

(b) **Individual Reimbursement : Grant of Prior Sanction.** Based on advise of concerned Specialist of Service/Govt hosp, ECHS beneficiary has an option to purchase the Domiciliary Medical Equipment and claim reimbursement after taking prior approval as per following procedure :-

(aa) **Domiciliary Medical Equipment for Which Ceiling Rates are available.** ECHS beneficiary requests for prior sanction from concerned Director RC ECHS through OIC ECHS Polyclinic based on recommendation of concerned Specialist of Service Hospital or Government Hospital. Director RC ECHS will issue prior sanction letter to the individual beneficiary based on the recommendation of a/m specialists and request by the beneficiary.

(ab) **Domiciliary Medical Equipment for Which no Ceiling Rates are available.** Domiciliary Medical Equipment other than those listed in Appx 'A', like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee as mentioned vide Para 5 of GoI (MoD/DoESW) letter No 22A(37)2018/WE/D (Res-I) dated 15 Jan 2019. Composition of the High Power Committee would be as under :-

- | | | | |
|-----|--|---|------------------|
| (a) | JS, ESW | - | Chairman |
| (b) | Government Hospital Specialist Doctor
(of concerned speciality) | - | Member |
| (c) | Director/DS/US, DoESW | - | Member |
| (d) | Director (Medical), CO ECHS | - | Member-Secretary |
| (e) | Representative of MoD (Fin/Pen) | - | Member. |

(ac) Once prior sanction is obtained, the equipment can be purchased by the ECHS beneficiary and claim may be submitted to OIC PC who will verify documents and upload the claim as individual reimbursement on BPA portal. Reimbursement will not exceed prevailing CGHS rates.

(ad) Following documents should be submitted by ECHS Beneficiary for claiming reimbursement of Domiciliary Medical Equipment :-

- (aa) Prior sanction letter of Director RC ECHS or High Powered Committee.
- (ab) Original Bill of Domiciliary Medical Equipment
- (ac) Contingent Bill.
- (ad) Cancelled Cheque/Bank details of beneficiary.
- (ae) Copy of ECHS Card of beneficiary.

4. **Consumables.** The consumables for the equipments will be procured by SEMO/Comdt/CO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC). If the same is not available in ALC/dispensary of ECHS Polyclinic then NA on prescription will be given to the beneficiary based on which he/she can purchase from local market and claim reimbursement.

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(b) **Domiciliary Medical Equipment procured by Individual Beneficiary.** If the Domiciliary Medical Equipment is non-functional after completion of five years of purchase, then Individual beneficiary should obtain Unserviceability Certificate from Authorised Service Engineer of OEM of that Domiciliary Medical Equipment. Based on Unserviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of machine/equipment.

(c) In case Domiciliary Medical Equipment becomes unserviceable before five yrs, the warranty conditions will apply if the eqpt is under warranty. If the warranty period is over, similar procedure as given out in Para 6 (a) & 6 (b) above will be followed.

7. **Expenditure.**

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8. **CFA.**

(a) **Domiciliary Medical Equipment procured by SEMO.** CFAs will be as per schedule 2.4, DFPDS-2016 as amended from time to time.

(b) CFA for individual reimbursement of cost of Domiciliary Medical Equipment will be as per Para 1 of Govt of India, Ministry of Defence (DoESW) ID No 25(01)/2018/WE/D(Res-I) dt 09 Jul 2019 as amended from time to time.

9. These instructions will supersede all previous policy letters issued earlier with respect to issue of Domiciliary Medical Equipment to ECHS beneficiary.

10. This has approval of MD ECHS.

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med)
For MD ECHS

Encls : As above

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Appx 'A'

(Refer to Central Org ECHS

letter No B /49761/AG/ECHS/

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(b)	Hearing Aid	ENT Specialist	(i) Digital BTE - Rs 8,000/- + GST. (ii) Digital ITC/ CIC - Rs 9,000/- + GST.	(i) The cost of BTE type hearing aids shall also include the cost of hearing mould. (ii) The cost of ITC/CIC type hearing aids shall also include the cost of customised shell. (iii) Body worn/pocket type category and Analogue BTE category with ceiling rates Rs 3,000/- per ear and Rs 7,000/- per ear have been excluded, since they have become obsolete.
(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/Neuro Physician/ Orthopaedician/ Surgeon	(i) The appliances will be allowed for re-issue on completion of 5 yrs in case of adults and 2 yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per Appx 'B'.	-

Ser No	Eqpt	Recommended By Concerned Specialist of Service Hosp/Govt Hosp	Ceiling Rate	Remarks
(d)	Nebuliser, Glucometer, Oxygen Concentrator	Medcial Specialist	(i) Oxygen Concentrator – Rs 45,000/- + GST. (ii) Nebuliser – Rs 3,000/- or actual cost whichever is less. (iii) Glucometer – CGHS rate	-
(e)	Any other item recommended for domiciliary use authorized under CGHS scheme	Concerned Specialist	CGHS rates will apply	-

Appx 'B'

(Refer to Central Org ECHS
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dt 10 Jun 2022

MOBILITY AIDS

Ser No	Name of Orthosis	Approved Rate/Price (Child above 12 Yrs)	Approved Rate/Price (Child 7-12 Yrs)	Approved Rate/Price (Child 0-6 Yrs)
1.	Walking Stick (Adjustable Aluminium)	Rs 350/-	Rs 350/-	Not Applicable
2.	Tripod/Quadripod walking stick Aluminium	Rs 750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch/Elbow crutch (Aluminium Adjustable)	Rs 850/-	Rs 650/-	Not Applicable
4.	Walking/Rollator (Aluminium)	Rs 1500/-	Rs 1200/-	Rs 900/-
5.	CP Chair/CP Stand	Not Applicable	Rs 7300/-	Rs 7000/-
6.	CommodeChair	Rs 2500/-	Rs 2500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	Rs 7000/-	Rs 4000/-	Not Applicable
8.	Motorized Wheel Chair :-			
	(i) Quadriplegic wheel chair with chin and head control	Rs 1,10,000/-	Not Applicable	Not Applicable
	(ii) Quadriplegic wheel chair with joy stick	Rs 60,000/-	Not Applicable	Not Applicable
	(iii) Motorized wheel chair (Handle driven)	Rs 35,000/-	Not Applicable	Not Applicable
9.	Tricycle Hand Propelled	Rs 6000/-	Not Applicable	Not Applicable

No. 24(8)/03/US(WE)/D(Res)

Government of India
Ministry of Defence

New Delhi, the 19th Dec' 2003

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: Procedure for Payment and reimbursement of
medical expenses under ECHS

Sir,

With reference to Govt. of India, Ministry of Defence letter No. 22(1)/01/US(WE)/D(Res) dated 30th Dec 2002 I am directed to convey the sanction of the President for adoption of the Procedure for payment and reimbursement of medical expenses under ECHS.

2. The procedure will be reviewed after one year or as and when required, whichever is earlier.
3. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O No. 1363/PD/03 dated 17.12.2003.

Yours faithfully,

V.K.Jain
(V.K. JAIN)

Under Secretary to the Govt. of India

Copy To:

1. CGDA, New Delhi
2. SO to Defence Secretary
3. PPS to FA(DS)
4. PPS to AS(Acquisition)
5. PPS to AS(T)/PPS to AS(I)

20/12/03

2

- (a)
6. Addl FA(B) / Addl FA(V)
 7. JS(ESW)
 8. JS(O/N)
 9. Dir(Finance/AG)
 10. Defence (Finance/AG/PD)
 11. DFA(B) / DFA(N) / DFA(Air Force)
 12. AFA(B-1)
 13. D(Works) / D(Mov) / D(Med)
 14. O&M Unit

Also to:

15. DGAFMS
16. DGDE, New Delhi
17. DGD C&W
18. QMG
- ✓ 19. DGMS
- ✓ 20. DGMS (Air)
- ✓ 21. DGMS (Navy)
22. AOA
23. COP
24. MD Central Org ECHS
25. ADG C&W
26. DG(Works), E-in-C Branch
27. ADG(FP)
28. All Command Headquarters ^{A Branch}
29. AG Branch/CW-3
30. Naval Headquarters (PS Dte)
31. Air Headquarters (PS&R)

Copy signed in ink:

32. CDA(Army), Bangalore
33. CDA(WC), Chandigarh
34. CDA(Army), Patna
35. CDA(SC), Pune
36. CDA(Army), Meerut
37. CDA(NC), Jammu
38. CDA(Officers), Pune
39. CDA(Navy), Bombay
40. CDA(AF), Dehradun
41. CDA(Army) Jabalpur
42. CDA(Army), Secunderabad
43. CDA(Army), Lucknow
44. CDA(Army), Chennai
45. CDA(HQ EC), Kolkata
46. CDA(AF), Delhi
47. CDA(Army), Guwahati

PROCEDURE ON PAYMENTS AND REIMBURSEMENTS FOR MEDICAL EXPENSESAUTHORISATION

(182)

1. The authorization for payments to empanelled Hospitals, Nursing Homes, Diagnostic Centres and re-imbursement of medical expenses to Ex-Servicemen is as per para 2(j) of Govt of India letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002.

REFERRAL TO HOSPITALS

2. Military Stations: Ex-Servicemen (ESM) and their dependents requiring hospital admission will, in normal course, be referred to Service hospitals, in the station. For this purpose Director General Armed Forces Medical Services (DGAFMS) will earmark a suitable proportion of beds in all Service hospitals for ECHS beneficiaries (except during war/ operational commitments). In case of non-availability of beds/facilities in service hospital, patients will be referred to empanelled hospitals for admission.

3. Non Military Stations: In non-military stations, ESM and their dependents will be referred to nearest service hospital/ empanelled hospitals by Medical Officer of ECHS Polyclinic.

PAYMENT TO EMPANELLED HOSPITALS/ NURSING HOMES/ DIAGNOSTIC CENTRES.

4. The payments by ECHS to the empanelled Hospitals, Nursing Homes and Diagnostic Centres will be governed by the following procedure:-

(a) Referral to Empanelled Hospital/ Nursing Home/ Diagnostic Centre. Payment of bills to empanelled concerns will only be authorised when patients are referred from ECHS Polyclinic for

necessary treatment/ investigation. Hospitals will only treat patients for conditions for which they have been specifically referred from the ECHS Polyclinic, except in life saving /emergency situations.

(b) Payment of charges to Empanelled Hospitals/Diagnostic centres.

(i) The rates of payment to empanelled hospitals/Diagnostic centres in cities/towns covered under CGHS will be governed by the package deal rates as laid down for CGHS. The rates laid down for CGHS for various towns/cities will be applicable for ECHS Polyclinics located in corresponding/adjoining geographical areas.

(ii) For the polyclinics located in cities/towns not covered under CGHS, the rates of payment to the Empanelled Hospitals/Diagnostic centres will be negotiated and fixed by ECHS based on the facilities available and the prevailing market rates. The rates so fixed will, in any circumstances, not exceed the CGHS rates applicable to the nearest cities/towns covered under CGHS.

(iii) For diseases and conditions not in the list of CGHS package deals, the payment to the empanelled Hospital/Diagnostic centre would be at rates of AIIMS New Delhi or actuals, whichever is less. Where AIIMS rates are not available, the actual cost of drugs and room rent etc will be reimbursed.

(iv) The package deal rates will include all charges pertaining to a particular treatment/procedure including admission charges, accommodation charges,

(169)

ICU/ICCU charges, monitoring charges, operation theatre charges, operation charges, anaesthetic charges, procedural charges/Surgeons fee, cost of disposables, surgical charges and cost of medicines used during hospitalization, related routine investigations, physiotherapy charges etc.

(v) The package rate does not include diet, telephone charges, TV charges and cost of cosmetics, toiletry and tonics. *Cost of these, if offered, on request of patient will be realized from individual patient and are not to be included in package charges.*

(vi) The package deal includes

- 12 days for specialized procedure
- 7-8 days for other procedures
- 3 days for laparoscopic surgery
- 1 day for day care/minor procedures (OPD)

(vii) If the beneficiary has to stay in the hospital for his/her recovery for more than the period covered in the package rate, the additional reimbursement will be limited to room rent as per entitlement, cost of prescribed medicines and investigations, doctors visits (not more than 2 times a day) for additional stay.

• viii) If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for other

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procedures would be added to the package charges of the first major procedure.

- viii) The rates will be applicable only for allopathic system of medicine. No charges will be reimbursed for Homeopathic, Unani, Ayurveda or traditional systems of medicines.
- ix) An empanelled hospital/ diagnostic centre whose rates for a procedure/test/facility are lower than the approved rates shall charge the beneficiaries as per actuals. Expenditure in excess of approved/package deal rates would be borne by the beneficiaries.
- x) Any legal liability arising out of such services shall be dealt with by the empanelled hospital, nursing homes and diagnostic centres who shall alone be responsible. ECHS will not have any legal liability in such cases.

(c) Allied Charges

- (i) Diet Charges. ECHS beneficiaries having basic pension upto Rs.2025/- per month will be entitled to free diet during hospitalization in empanelled hospitals. In case suffering from T.B. or mental diseases, beneficiaries with basic pension upto Rs.3000/- per month will be entitled to free diet during hospitalization.
- (ii) Special Nursing/ Attendant charges. Special nursing charges and/or Attendant charges will be admissible when such nursing/attendance is essential for recovery/prevention of serious deterioration of the patient as certified by the Medical

Officer in- charge of the case. The approval of SEMO/SMO/PMO will be obtained through the concerned Polyclinic in all such cases. The rate ceiling for Special nursing and Attendant will be as per guidelines of the CGHS. Special nursing / Attendant will be applicable only for patients admitted in hospitals/nursing homes and will not be applicable in residence.

(iii) Entitlement for indoor treatment. Charges as applicable to CGHS will apply. ECHS beneficiaries shall be entitled to General/ Semi Private/ Private ward facility in empanelled hospitals according to their monthly pension as under.

Basic Monthly Pension (Rs)	Entitlement of Hospital Beds
5251 and above	Private Ward
3751 to 5250	Semi Private ward
3750 and less	General ward

(iv) AC Charges. AC Charges will be included in rate for ICU/ICCU patients, private ward patients and speciality treatment patients. In all other conditions where AC is absolutely essential for treatment of the patient, such charges will be included with a necessary certificate from the treating physician.

(d) Bills. The bills from the empanelled hospital will include the following:-

- (i) Medical advance drawn, if any.
- (ii) Referral slip from Polyclinic & photocopy of ECHS card.
- (iii) Copy of admission and discharge slip
- (iv) Summary of the case, including outcome

(v) Consultation charges/ Diagnostic/ Package Charges as applicable.

(vi) Other charges if any, not included above(to be specified).

(e) Mode of Payment. Bills and connected documents will be submitted by Hospitals, Nursing homes and Diagnostic Centres to the Polyclinic from where the patient was referred. Officer In-Charge (OIC) Polyclinic will authenticate the bills and forward to concerned Senior Executive Medical Officer (SEMO)/ Principal Medical Officer (PMO)/ Senior Medical Officer (SMO) for scrutiny and onward despatch to Station Headquarters for payment. Payment will be made by cheque and will be subject to post-audit.

(f) Treatment at Military Hospitals. Hospital Stoppage Rolls and any other charges expended for treatment in Military Hospitals will be paid in full by the member and is not reimbursable.

SPECIALITY TREATMENT

5. The procedure for referral and reimbursement for speciality procedures will be as follows:-

(a) Specialised tests and treatment

(i) Referral Procedure. Ex-Servicemen or dependents will only be referred to the empanelled hospitals/diagnostic centres for specialized tests and treatment by the specialist at Polyclinic, specialist of Service hospital or specialist at empanelled hospitals/diagnostic centre. Only in case of emergencies and life threatening situations will a non specialist medical officer of the Polyclinic refer a patient directly for specialized tests and treatment. In such cases, a certificate to this effect will be

- (v) Tata Memorial Hospital, Mumbai (for Oncology)
- (vi) JIPMER, Pondicherry.
- (vii) Christian Medical College, Vellore.
- (viii) Shankar Nethralaya, Chennai.
- (ix) Medical Colleges and Hospitals under the Central or State Governments.

6. Under certain special circumstances reimbursement of cost of medicines will be permitted only if the patient was referred by Polyclinic for speciality treatment and the medicines were prescribed to be taken with immediate effect on discharge. The special conditions are:-

- (a) Post operative cases of major Cardiac Surgery/Interventional Cardiology.
- (b) Oncology.
- (c) Post operative organ transplant cases.
- (d) Post operative joint replacement cases.
- (e) Post operative major Neurosurgical/ Neurology cases.

7. The ex-serviceman should present the suitable prescriptions for medicines for above conditions to the O I/C Polyclinic immediately after discharge. A special demand for medicines will be raised by the O I/C Polyclinic, through usual channels to the AFMSD. The drugs will be procured from AFMSD under the normal procedures. Drugs will be procured from concerned SEMO if ' Not Available' at AFMSD. In the interim, drug purchased by ex-servicemen, is reimbursable. The period of reimbursement in such cases will be limited to one month after date of discharge from Hospital or date of issue of medicines from Polyclinic which ever is earlier.

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EMERGENCY TREATMENT

8. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure , the patients may report to the nearest hospital, preferably empanelled.

(a) Empanelled Hospital - Immediate emergency treatment in any empanelled hospital will be rendered to ESM on confirmation of ECHS membership from the ECHS card. Payment for such treatment will be regulated as under:-

- (i) Empanelled hospital will inform ECHS Polyclinic about the emergency admission at the earliest but not later than 24 hrs.
- (ii) The empanelled hospital will not collect payment from ECHS member.
- (iii) The actual cost incurred for emergency procedure will be payable by ECHS. Bill for emergency treatment will be forwarded to concerned Polyclinic for payment as per normal procedure. Such bills will be superscribed with 'EMERGENCY TREATMENT' written in Block capitals in Red.
- (iv) On learning about admission of an ECHS member in an Empanelled hospital, the O I/C Polyclinic will make arrangements for verification of the facts.
- (v) If, during the course of investigations/treatment a specific diagnosis is established requiring further management , the facts will be verified by concerned O I/C Polyclinic and the patient referred for the same formally.

(7)

(7)

(vi) In case of malpractice, unethical practices or medical negligence by an empanelled Hospital or Nursing home particularly in management of emergencies necessary action will be taken by the Station Commander to dis-empanel the Hospital or Nursing Home.

(b) Non- Empanelled Hospital - Ex-servicemen or his representative should inform nearest Polyclinic within 48 hrs of such admission. The responsibility for clearing bills will rest with the Ex-Serviceman. He/she will submit the bills alongwith summary of the case to the concerned Polyclinic. The sanction for reimbursement as per approved rates, will be accorded by Central Org, ECHS. Such bills will be submitted within a period of one month from the date of discharge from hospital.

(c) The Empanelled or Non-empanelled Hospital will be liable to pay damages to the beneficiaries in case of medical negligence in emergencies, and the Hospital/Nursing Home alone shall deal with legal liabilities, if any. ECHS will not have any legal liability in such cases.

OTHER CONDITIONS

9. In cases where facilities for treatment are not available in Armed Forces Hospitals and in certain special conditions, the procedure for referral and treatment will be as follows:-

(a) TB & Leprosy. No OPD Charges will be reimbursable. TB and Leprosy will be treated through National programmes at District level. However when the patients require admission for the condition, rates of CGHS as applicable to LRS Institute of TB and Allied Disease will be applicable for hospitalization.

(b) Hearing Aids. The equipment will be entitled to patients based on the recommendations of ENT Specialist after clinical and audiometric justification. The OIC Polyclinic, will procure the Hearing Aid in consultation with the SEMO, and issue to ESM. Replacement is permitted after a minimum 5 years life of the Hearing Aid, based on a condemnation certificate and approval of ENT specialist. Digital Hearing Aid will only be given on recommendations of three ENT specialists including at least one service specialist. Actual cost of hearing aid or CGHS rates whichever is lesser will apply.

(c) Mental Diseases. In all Mental illness cases the patient will be referred to Service Psychiatrist / empanelled hospitals for OPD consultation. Drugs issued for the patient will be procured by the OIC Polyclinics / SEMO through special demand. Cases requiring hospital admission will be referred to authorized empanelled/Govt hospitals only. Provisions of Mental Health Act,1987, as amended, will be applicable for all such hospital admissions. Payment will be made in full for admission to Govt hospitals and prescribed rates of CGHS will apply for empanelled hospitals.

(d) HIV/ AIDS. Ex-service pensioners boarded out of service due to AIDS will be provided treatment as prescribed by Armed Forces Centres for such treatment, at the time of discharge. Treatment will be made available to such individuals with effect from two months after the date of discharge. Fresh cases of HIV/ AIDS amongst members of ECHS, including dependents will be referred to nearest Armed Forces Immuno-deficiency Centres, and treatment as prescribed from these Centres only will be made available.

(R)

(e) Artificial Limbs/Appliances.

Artificial

Limbs/Appliances will be reimbursed in full when procured and fitted at Artificial Limb Centre (ALC) Pune, and Artificial Limb Sub Centres in the AFMS hospitals. CGHS rates will apply in other cases treated in empanelled hospitals.

(f) Rehabilitation/Terminal Care - Rehabilitation/Terminal care will be provided in empanelled rehabilitative homes and hospices. Patients admitted to Service hospitals or empanelled hospitals/nursing homes where the finality of treatment has been reached and definitive medical treatment has run its course, will be referred to rehabilitative homes/hospices for nursing care and rehabilitation. The conditions for which rehabilitative care will be admissible will be paraplegia, quadriplegia, Alzheimers disease, cerebro-vascular accidents, other neurological and degenerative disorders, amputations, cancer terminal care and other such medical conditions when duly referred by treating specialists. Approval of SEMO/SMO/PMO will be obtained for these referrals. The payments for such cases will be regulated as under :

(i) Rates of payment for rehabilitation/terminal care cases will be limited to maximum rates permissible under CGHS for Special Nursing/Aya/Attendant charges PLUS charges for medical treatment as per CGHS rules. Where the rates of CGHS are not laid down, AIIMS charges **or actuals which ever is less** will be applicable. In case rates have not been defined by AIIMS, the actuals will be reimbursed. Rehabilitative care/terminal care does not include old age homes.

(4)

(ii) Reimbursement will be limited to maximum period of 6 months.

Thereafter cost of such care has to be borne by the patient.

(g) Medical Equipment for Residences - Medical Equipment including nebulisers, CIPAP/BIPAP machines and glucometers etc as authorized under the CGHS will be issued to members, when use of such equipment is considered absolutely essential on medical grounds, on recommendations of the Specialist and approved by the Senior Advisor and Consultant of the concerned speciality, under whose jurisdiction the Polyclinic is located. The equipment will be procured through a special demand by the O I/C Polyclinic. Consumables for the equipment will be issued under arrangements of O I/C polyclinic. Cost on repair and annual maintenance contracts will be borne by the member themselves and will not be reimbursable.

(h) Medical Examination/Health check up/Screening tests - The ECHS beneficiaries may undergo medical examination/health check up at the Polyclinic once a year. The medical examination/ health check up will be limited to facilities available in the Polyclinic. Referrals to empanelled institutes for Medical examination/Health check up/ Screening tests are not permissible. Such Medical Examinations would be permitted only after all 227 Polyclinics have been established and made fully functional.

(j) Dental Treatment - Dental treatment including referrals will be as per laid down procedures for other medical cases. Dentures will be permitted only if advised by Dental officer at ECHS Polyclinic or Service Dental officer. A particular type of partial/complete denture will be permitted on one time basis only for each member/dependent of the scheme as per CGHS rates.

(k) Intra Ocular Lens - Intra ocular lens (IOL) implantation will be provided to ECHS members preferably at nearest service eye center. In case of IOL implantation undertaken at Civil hospitals, payment will be limited to prevailing CGHS rates. Type/make of IOL implanted will be specified in the bills by empanelled hospital.

(l) Spectacles - Spectacles will not be provided under ECHS except post operatively in cases of conventional operation of cataract. Cost of spectacles in such cases will be limited to Rs 200/- only. Replacement of Spectacles will be admissible once in three years provided the same is undertaken on the advice of the Medical Officers of the Polyclinic or empanelled Consultant.

(m) Plastic Surgery - Reimbursements, payments for Plastic surgery will not be permissible under ECHS except for therapeutic reasons and in post traumatic cases on recommendations of SEMO/SMO/PMO. Provisions of CGHS and package deal rates/ceilings will apply.

DIAGNOSTIC TESTS & OTHER INVESTIGATIONS CHARGES

10. Investigations/laboratory diagnoses will be carried out at ECHS clinics in normal course. Referral for the tests, if required, will only be made by the Medical Officer ECHS/ Specialist to empanelled Diagnostic Centres/Hospitals/ Nursing Homes. The rates will be same for all types of beneficiaries. The charges as approved by the CGHS for investigations will be valid for ECHS.

OPD CHARGES

11. Charges for drugs and other consumables for outpatient treatment are not reimbursable except under special conditions as

listed in para 6 above. Medicines will be procured by the ECHS clinics and issued to the patients.

TRAVELLING ALLOWANCE

12. The following procedure will govern the movement of patient to referred clinics:-

(a) Admissibility

(i) Travelling Allowance for journeys undertaken for medical treatment (both ways) is admissible to ECHS beneficiaries for treatment in another city, if such treatment is not available in the same city and referral is advised by ECHS medical officer/Specialist. Amount admissible will be limited to rail fare in entitled classes as applicable at the time of retirement by shortest/main route, or actual expenditure, whichever is less.

(ii) One attendant or escort who is required to travel along with the patient will be entitled to traveling allowance if the medical officer/attending the patient has certified in writing that it is unsafe for the patient to travel alone and such attendant escort is necessary to accompany the patient. Amount as admissible to the patient is reimbursable.

(b) Ambulance - Ambulance services authorized in Polyclinic may be utilized for patients when being referred to service/empanelled hospitals in the same city.

Bugto Bragor

Tele: 25683476

Mil: 36833

PFC

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110010

B/49761/AG/ECHS/Policy

31 May 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres



ISSUE OF DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please refer to the following :-

- (a) GoI MoD/ Do ESW letter No 24(8)/03/US (WE)/D (Res) dated 19 Dec 2003.
- (b) GoI MoD/DoESW letter No 24(3)/03/US(WE)/D(Res) (ii) dated 09 Sep 2003.
- (c) Min of Health & Family welfare O.M. No. S.11011/25/2014/CGHS-(P) dated 08 Jul 2014.
- (d) Schedule - 2 (2.4) of DFPDS-2016.
- (e) Central Org ECHS letter No B/49762/AG/ECHS dated 27 Jul 2017.
- (f) Central Org ECHS letter No B/49761/AG/ECHS dated 20 Feb 2018.
- (g) Central Org ECHS letter No B/49791/Dig Payments/AG/ECHS dated 15 Mar 2018.

2. The responsibility of providing Domiciliary Medical Equipment to ECHS beneficiaries and their dependants which was earlier with Stn HQ, will now rest with the SEMOs (Commandant / CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates.

3. These equipment will be recommended and procured as under:-

S No	Eqpt	Recommended by	Procurement by (as CFA)	Ceiling Rate/ Remarks
(a)	CPAP/ BIPAP machine	Respiratory Medicine Specialist	Comdt / CO Hosp where Respiratory Medicine Specialist is posted	(i) CPAP – Rs 50,000/- (ii) Bi-Level CPAP- Rs 80,000/- (iii) Bi-Level Ventilatory System – Rs 1,20,000/-
(b)	Hearing Aid	ENT Specialist	Comdt / CO Hosp where ENT Specialist is posted	(i) Body worn/Pocket type- Rs 3,000/- (ii) Analogue BTE – Rs 7,000/- (iii) Digital BTE – Rs 15,000/- (iv) Digital ITC/CIC – Rs 20,000/-
(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/ Neuro Physician/ Orthopaedician/ Surgeon	Comdt / CO Hosp where these Specialists are available	(i) The appliances will be allowed for re-issue on completion of 5 Yrs in case of adults and 2 Yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per Appx.
(d)	Nebuliser, Glucometer, Oxygen Concentrator	Medical Specialist	Comdt/ CO Hosp where Medical Specialist is posted	(i) Oxygen Concentrator- Rs 60,000/- (ii) CGHS rates will apply for Nebuliser and Glucometer.
(e)	Any other item recommended for domiciliary use authorized under CGHS Scheme	Concerned Specialist	Comdt / CO Hosp where the concerned Specialist is posted	CGHS rates will apply.

4. **Issue Procedure.** Once the concerned specialist approves issue of any domiciliary equipment, patient will collect the copy of issue voucher from the service hospital concerned and get endorsed from OIC ECHS Polyclinic of the issuing service hospital regarding entry of issue details of equipment in the patient's ECHS card and system. Hospital to issue the equipment after confirmation of entry of details in his ECHS card.

5. **Consumables.** The consumables for the equipments will be procured by SEMO/ Comdt/ CO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA at medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC).

6. **Repair & Maintenance/ Annual Maintenance.** Cost of repair & maintenance will be borne by the member themselves and will not be reimbursable.

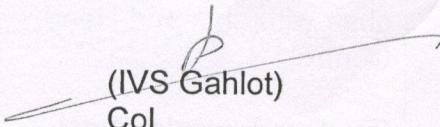
7. **Financial Power.** The financial powers of various CFA's will be as per schedule 2.4, DFPDS-2016.

8. **Allocation of Funds.** Central Org ECHS to allocate funds for this requirement to the O/o DGAfMS under major head 2076 sub head code head 363/01 (Medical Equipment, Medicines & Drugs), who in turn will allocate the same to SEMOs based on anticipated expenditure, as per letter mentioned at Para 1 (b).

9. These instructions will supersede Central Org ECHS letter No B/49761/AG/ECHS dated 20 Feb 2018 issued earlier with "Issue of Domiciliary Medical Eqpt" as the subject.

10. This policy will come in force wef 01 Apr 2018.

11. This has the approval of DGAfMS.



(IVS Gahlot)
Col
Dir (Medical)
for MD ECHS

Copy to :-

O/o DGAfMS
DGMS (Army)
DGMS (Air)
DGMS (Navy)
DGDS

Internal

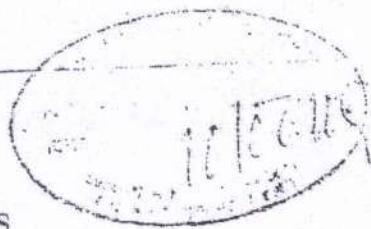
✓ Ops & Coord, P&FC, Claim Sec Stats & Automation Sec	- for info. - for uploading on ECHS Website.
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Appx

(Refer to Central Org ECHS
letter No B/49761/AG/ECHS/
Policy dt 31 May 18)

MOBILITY AIDS

<u>Sl No</u>	<u>Name of Orthosis</u>	<u>Approved Rate / Price (Child above 12 Yrs)</u>	<u>Approved Rate / Price (Child 7-12 Yrs)</u>	<u>Approved Rate / Price (Child 0-6 Yrs)</u>
1.	Walking Stick (Adjustable) Aluminium	Rs. 350/-	Rs. 350/-	Not Applicable
2.	Tripod / Quadripod walking stick Aluminium	Rs. 750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch/ Elbow crutch (Aluminium) Adjustable	Rs. 850/-	Rs. 650/-	Not Applicable
4.	Walker / Rollator (Aluminium)	Rs. 1,500/-	Rs. 1,200/-	Rs. 900/-
5.	CP Chair/ CP Stand	Not Applicable	Rs. 7,300/-	Rs. 7,000/-
6.	Commode Chair	Rs. 2,500/-	Rs. 2,500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	Rs. 7,000/-	Rs. 4,000/-	Not Applicable
8.	Motorized Wheel Chair (i) Quadriplegic wheel chair with chin and Head Control (ii) Quadriplegic wheel chair with joy stick. (iii) Motorized wheel chair (Handle driven)	Rs. 1,10,000/- Rs. 60,000/- Rs. 35,000/-	Not Applicable Not Applicable Not Applicable	Not Applicable Not Applicable Not Applicable
9	Tricycle Hand Propelled	Rs. 6000/-	Not Applicable	Not Applicable



No. 1-19/2018/CGHS (HQ)/R&H/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare

Nirman Bhawan, New Delhi – 110 108
Dated: the 03, June, 2019

OFFICE MEMORANDUM

AMC/PW
Subject: Revision of ceiling rates for reimbursement of the cost of
CPAP/BIPAP/Oxygen Concentrator under CGHS

The undersigned is directed to refer to this Ministry's OM No. S.11011/4/2014-CGHS (P), dated the 5th March, 2014 vide which the procedure for grant of permission/ex-post facto approval and reimbursement of the cost of CPAP/BIPAP/Oxygen Concentrator were prescribed and to state that the matter has been reviewed by this Ministry and it has now been decided to revise the ceiling rates as per the details given as under:-

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

2. Other terms and conditions mentioned under this Ministry's OM No. S.11011/4/2014-CGHS (P), dated the 5th March, 2014 shall remain unchanged.
3. These rates shall remain valid till further revision.
4. This issues with the concurrence of IFD, Ministry of Health and Family Welfare vide CD No. C-3340, dated 11.02.2019.
5. This OM will be effective from the date of its issue.

(Rajeev Attri)
Under Secretary to the Govt. of India
(Tel: 011- 2306 1883)

To

- 1) All Ministries/Departments, Government of India
- 2) Director, CGHS, Nirman Bhawan, New Delhi
- 3) Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
- 4) AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
- 5) All Addl. Directors/Joint Directors of CGHS cities outside Delhi
- 6) Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), MCTC CGHS, New Delhi
- 7) JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
- 8) DDG(M) /CMO(SRA), Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
- 9) Rajya Sabha/Lok Sabha Secretariat, New Delhi
- 10) Registrar, Supreme Court of India, New Delhi
- 11) U.P.S.C. Dholpur House, New Delhi

File No.18(114)/2017/WE/D(Res-I)
Government of India
Ministry of Defence
(Department of Ex-Servicemen Welfare)
Room No.221, B Wing,
Sena Bhavan, New Delhi

Dated : 18th Sept. , 2019

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY.

Sir,

With reference to Govt. of India, Ministry of Defence letter No.24(8)/03/US(WE)/ D(Res) dated 19th December , 2003 and further amended by MoD letter No. 22A(37)/2018/WE/D(Res-1) dated 15th January 2019, I am directed to convey the sanction of the Government on the Modification of Para 9 (g) of letter dated 19-12-2003 regarding Medical Equipment for Residences.

2. For

Para 9 (g)

Medical Equipment including nebulisers, CIPAP/BIPAP machine and Glucometers etc as authorised under the CGHS will be issued to members, when use of such equipment is considered absolutely essential on medical grounds, on recommendations of the Specialist and approved by the Senior Advisor and Consultant of the concerned speciality under whose jurisdiction the Polyclinic is located. The Equipment will be procured through a special demand by the OIC Polyclinic. Consumables for the equipment will be issued under arrangements of OIC Polyclinic. Cost on repair and annual maintenance contracts will be borne by the members themselves and will not be reimbursable.

Read

Para 9 (g)

(i) Medical Equipment including nebulisers, CIPAP/BIPAP machine, Oxygen Concentrator and Glucometers etc as authorised under the CGHS will be issued to members, when use of such equipment at home is considered absolutely essential on medical grounds, on recommendations of the Service Specialist/Govt. Hospital Specialist. The equipment will be procured by Comdt/CO Service hospital through a special demand by the OIC ECHS Polyclinic. Consumables for the equipment will be issued under arrangement of OIC Polyclinic. Cost of repair and annual maintenance will be borne by the ECHS members themselves and will not be reimbursable.

SKM
18/9/19
2/

- (ii) The Medical equipment other than those above like insulin pump etc. which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt. Hospital Specialist would require prior sanction of the High Powered Committee constituted vide para 5 of MoD, Order No.22A(37)/2018/WE/D(Res-I) dated 15-1-2019.
3. The maximum ceiling limit for re-imbursement prescribed by CGHS authorities from time to time will be applicable.
4. Individual Re-imbursement: Grant of prior permission.
- The individual requests for prior permission and reimbursements for domiciliary medical equipment advised by Service Specialist/Government hospital Specialist for which CGHS ceiling rates are available will be approved as per CGHS ceiling rates. Documents for domiciliary medical equipment having no CGHS ceiling rates will be submitted at the Polyclinic and would be considered by the above mentioned committee.
5. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their U.O. No.32(41)/2017/Fin/Pen dated 3-9-2019.

Yours faithfully,


18/9/19
(A.K. Karn)
Under Secretary (WE)

Copy to :

1. CGDA, New Delhi
2. SO to Defence Secretary
3. PPS to Secretary (Defence/Finance)
4. PPS to AS (Acquisition)
5. JS(ESW)
6. JS(O/N)
7. Director(Finance/AG)
8. DFA(Pension)
9. AFA(B-1)
10. D(Medical)
11. O&M Unit
12. DGADS

Also to :

13. DGAFMS
14. DGD C&W
15. QMG

B/49761/AG/ECHS

11 Dec 2019

JHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres



EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY

1. Please ref to the followings:-
 - (a) GoI (MoD/DoESW) letter No 24(8)03/US(WE)/D (Res) dated 19 Dec 2003.
 - (b) GoI (MoD/DoESW) letter No 22A(37)2018/WE/D(Res-I) dated 15 Jan 2019.
 - (c) GoI (MoD/DoESW) letter No 18(114)/2017/WE/D(Res-I) dated 18 Sep 2019.
 - (d) Central Org ECHS letter No B/49761/AG/ECHS/Policy dated 31 May 2018.
 - (e) Central Org ECHS letter No B/49761/AG/ECHS/Policy dated 31 Jul 2018.

2. The following amendments is made in Para 2 of CO ECHS letter as quoted in Para 1(d) above.

For

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiaries and their dependants which was earlier with Stn HQ, will now rest with the SEMOs (Commandant/CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates.

Read

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiary and their dependants which was earlier with Stn HQ, will now rest with SEMO (Commandant/CO Service Hospital) when use of such equipments is considered absolutely essential on medical grounds on recommendation of the Service Specialist/Government Hospital Specialist. The cost of the equipment will not exceed CGHS rates.

3. Domiciliary Medical Equipment other than those mentioned in Para 3 of CO ECHS letter as quoted in Para 1(d) above, like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee conciliated vide Para 5 of Gol (MoD/DoESW) letter as mentioned in Para 1(b) above. Composition of the High Power Committee would be as under:-

- | | | |
|--|---|------------------|
| (a) JS, ESW | - | Chairman |
| (b) Government Hospital Specialist Doctor
(of concerned speciality) | - | Member |
| (c) Director/DS/US, DoESW | - | Member |
| (d) Director (Medical), CO ECHS | - | Member-Secretary |
| (e) Representative of MoD (Fin/Pen) | - | Member |

4. Once sanctioned, the equipment will be provided through the dependent SEMO.

5. **Individual Reimbursement : Grant of Prior Sanction**:- The provision for prior sanction and subsequent individual reimbursement has been accorded by MoD for Domiciliary Medical Equipment advised by Service Specialist/Government Hospital Specialist and not available with the SEMO:-

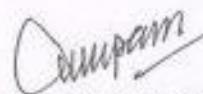
- (a) **Domiciliary Medical Equipment for which Ceiling rate are available**:- Individual request for prior approval alongwith supporting documents and Non Availability (NA) certificate will be forwarded by the OIC Polyclinic (PC) to respective SEMO where the documents will be verified for sanction and reimbursement by SEMO.
- (b) **Domiciliary Medical Equipment for which no Ceiling rates are available**:- In such cases the documents will be forwarded by OIC PC through respective RC to CO ECHS for approval of the High Power Committee.
- (c) Once sanction for prior permission is obtained, the equipment can be purchased by the ECHS beneficiary and claim submitted to OIC PC who will verify the documents and upload the claim as individual reimbursement on UTI-BPA.

6. The maximum ceiling limit for reimbursement prescribed by CGHS authorities from time to time will be applicable.

7. Rest no change in the letter dated 31 May 2018.

8. This policy will come in force wef 18 Sep 2019 from the date of issue of Government letter as mentioned in Para 1(c) above.

9. This has approval of MD ECHS.



(Anupam N Adhaulia)
Col
Dir Med
for MD ECHS

Bs/-*

Encls : As above

Copy to :-

MoD/DoESW
Q/o DGAFMS
DGMS Army
DGMS Navy
DGMS Air

}

- for info wrt your letter under ref.

- for info

Internal

Ops & Coord R&Fc, Claim Sec, C&L
Stats & Automation Sec

- for info.

- for uploading on ECHS Website.

साधारण डाक बट्टा
BY ORDINARY POST

No. S.11011/37/2019-EHS

Government of India

Ministry of Health & Family Welfare

Department of Health & Family Welfare

[EHS Section]

Nirman Bhawan, New Delhi

1st December, 2020



OFFICE MEMORANDUM

Subject: Revision of rate & guidelines for reimbursement of expenses on purchase of Hearing Aids under CS(MA) Rules, 1944 and CGHS.

The undersigned is directed to refer to the Office Memorandum No. S.14025/10/2002/MS dated 26th May, 2015 on the above mentioned subject and to state that on the basis of recommendations of an Expert committee, it has been decided to revise the rates and guidelines for hearing aids reimbursement under CS(MA) Rules, 1944 and CGHS.

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

Digital BTE Rs.8,000/- [Eight thousand only]

Digital ITC/CIC Rs.9,000/- [Nine thousand only]

The above revised cost of hearing aids shall include all taxes, including GST and shall carry three years' warranty. The cost of BTE type hearing aids shall also include the cost of hearing mould. The cost of ITC/CIC type hearing aids shall also include the cost of customized shell.

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

3. Beneficiaries covered under CS(MA) Rules/CGHS shall be eligible to obtain hearing aids as per the following guidelines:

i. Patients/beneficiaries should be properly referred to ENT Specialist

of CGHS/Government Hospital/CGHS empanelled Hospital by Medical Officer of CGHS from CGHS wellness centre/AMA in case of CS(MA) beneficiary.

- ii. It would be mandatory to carry CGHS beneficiary's Identity Card (in original) whenever the CGHS beneficiaries visit the CGHS/Government ENT Specialist/Specialist of CGHS /CS(MA) empanelled Hospital for consultation and Audiometric test.
 - iii. The ENT specialist of CGHS/Government hospital/CGHS/CS(MA) empanelled hospital shall then recommend a hearing aids on basis of Audiometric and Audio-logical assessment, specifying the type of hearing aids most suited for the beneficiary. The 'Audiogram Report' shall be authenticated by the ENT specialist. The recommendation shall be as per the categories approved under CGHS and not as per any Brand name.
 - iv. The permission to procure hearing aids shall be granted by the Additional Director(Zonal) of CGHS-Zonal Office in case of CGHS pensioners beneficiaries, and by the Head of Department/Office in case of serving employees and CGHS beneficiaries of Autonomous bodies on the basis of recommendation of a CGHS/Government ENT specialist/ ENT Specialist of CGHS /CS(MA) empanelled hospital, and an 'undertaking' that the beneficiary has not been reimbursed the cost of hearing aids in the preceding five years.
4. Reimbursement claim shall be submitted to CGHS Zonal Office through the CMO, In-charge of the Concerned dispensary by CGHS pensioner beneficiaries and to concerned Ministry/Department/Office in case of serving employees and to concerned Autonomous Body(AB) in case of beneficiaries of ABs in the prescribed medical reimbursement claim form along with the following documents :
- a. Permission Letter for purchase of Hearing aids in original.
 - b. Copy of CGHS Card.
 - c. Bill / Receipt (in original) carrying details of the hearing aids seller.
 - d. Empty Box/boxes or the carton (s) with label showing details of the hearing aids supplied.
 - e. Reimbursement shall be limited to the ceiling rate or actual cost of the hearing aids, whichever is less.

5. Records of permission granted for procurement of hearing aids shall be maintained by CGHS in respect of pensioner CGHS beneficiaries and by the concerned Ministry / Department / Office in respect of other beneficiaries.
6. Replacement of hearing aids may be permitted after five years. Henceforth, there will be no requirement of submission of condemnation certificate by the beneficiary at the time of requesting the replacement of a hearing aid that has completed its five years' mandated life.
7. Maintenance and repair and cost of batteries will be the responsibility of the beneficiary.
8. The revised rates and guidelines shall come into force from the date of issue of this O.M. and shall be valid till further revision and shall supersede all the earlier orders issued on the subject.
9. This issues with the approval of Integrated Finance Division (CD No.1486 dated: 29/09/2020) of Ministry of Health & Family Welfare.

✓
1/12/2020
[Dr. Anil Ranga]
Director [CGHS-Policy]
■: 23061669

To,

1. All Ministries/Departments, Government of India
2. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/ Ministry of Health & Family Welfare
3. PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
4. Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
5. AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
6. All Addl. Directors/Joint Directors of CGHS cities outside Delhi
7. Rajya Sabha/Lok Sabha Secretariat, New Delhi
8. Registrar, Supreme Court of India, New Delhi

9. U.P.S.C. Dholpur House, New Delhi
10. Office of the Comptroller & Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi.
11. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
12. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
13. Secretary, Staff Side, 13-D, Ferozshah Road, New Delhi
14. All Staff Side Members of National Council (JCM)
15. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi – 110001
16. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
17. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
18. UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3 Sector -11, CBD Belapur, Navi Mumbai-400614
19. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
20. Guard file.