

ECHS : SOP FOR `ON LINE' BILL PROCESSING

INTRODUCTION

Overview

1. ECHS was launched to provide comprehensive healthcare to all Ex-Servicemen pensioners or those in receipt of Disability Pension, as also their dependents. The Scheme is also applicable to Next of Kins of deceased pensioners who are drawing Family/Special Family /**Liberalized Family Pension**.

2. This document lays down guidelines for processing of bills pertaining to empanelled Hospitals/Nursing Homes/Diagnostic Centers to which an ECHS beneficiary has been referred to for treatment, in case of non-availability of accommodation or required facility for treatment in the Service hospital.

Aim

3. The aim of the ECHS is to provide quality health care to Ex-Servicemen pensioners and their dependents. The following categories are eligible to avail ECHS membership :-

- (a) Ex-servicemen drawing Pension/ Disability Pension.
- (b) Widows drawing Family Pension.
- (c) Spouse of pensioner.
- (d) Unemployed sons below 25 years of age.
- (e) Unemployed and/or unmarried daughters.
- (f) Dependent parents whose income is less than Rs. 3500/- per month.
- (g) Mentally / Physically challenged children for life.
- (h) New born baby up to 03 months based on Birth Certificate.

(Auth : Central Organization ECHS letter B/49770/AG/ECHS/Policy dt 25 Sep 2007)

Facilities

4. Medical facilities are to be provided, through a network of ECHS Polyclinics spread across the Country. Basic Outdoor Services are provided at the Polyclinics. In case further management is required, referral will be made from ECHS Polyclinics to Armed Forces Medical Services Hospitals, Empanelled Private Hospitals/ Dental and Diagnostic Centers, as applicable. These referrals can only be made by authorized staff of the Polyclinics.

5. Empanelment of Hospitals/Nursing Homes and Diagnostic Centers are carried out after signing a Memorandum of Agreement (MOA) with ECHS. Expenditure incurred on services provided by an Empanelled Hospital /Dental / Diagnostic Centre is paid directly to the empanelled facility concerned by ECHS as per approved rates.

Definition of Wards

6. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their Rank at the time of retirement. Definition of various types of ward is as given below :-

(a) **Private Ward** Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishing like wardrobe, bed-side table, resting bed for attendant.

(b) **Semi Private Ward** Semi private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(c) **General Ward** General ward is defined as halls that accommodate four to ten patients.

7. Authorisation of various types of wards is as under :-

<u>Serial No</u>	<u>Rank at the time or Retirement</u>	<u>Entitlement</u>
(a)	NCOs & below of Army & equivalent in Navy & Air Force (Incl Hony JCO rank)	General Ward
(b)	JCOs in Army & equivalent in the Navy & Air Force (Incl Hony Capt/Lt)	Semi Private Ward
(c)	Officers of Army, the Navy and Air Force	Private Ward

8. Normally treatment in higher category of accommodation than the entitled category is not permissible. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in a higher type of ward.

Authorisation

9. The authorization for payments to empanelled Hospitals, Nursing Homes, Diagnostic Centers and reimbursement of medical expenses to Ex-Servicemen is as per para-2(j) Govt of India letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002. The free out patient treatment will be provided to the members at Augmented Armed Forces Clinics and Armed Forces Polyclinics. Reimbursement will be provided to the patient or paid directly from where services are obtained from the Empanelled Diagnostic Centres/Nursing Homes/Hospitals for the following :-

- (a) Cost of medicines/drugs/consumables.
- (b) Diagnostic tests.
- (c) Consultation.
- (d) Hospitalisation.

((Auth : Para 2(j) of Govt of India letter No 22(i)/01/US (WE)/D(Res) dt 30 Dec 2002).

Implementation Instructions: Revised ECHS Rates

10. Reference :-

(a) Central Organisation ECHS letter No B/49771/AG/ECHS/Empanelment dated 05th December 2003.

(b) Central Organisation ECHS letter No B/49773/AG/ECHS/CGHS dated 24th Aug 2010 (vide which MoD ID No 22A (48)/2007/US/WE/D(Res) dated 19th Aug 2010 was forwarded to all).

Package Rates

11. Package rates envisage payment for a duration of indoor treatment as per details given below :-

- (a) 12 days for Specialized (Super Specialties) treatment.
- (b) Seven days for other Major Surgeries.
- (c) Three days for Laparoscopic surgeries/normal deliveries.
- (d) One day for day care/minor (OPD) surgeries.

12. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in the package rate, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than two visit per day by specialists/consultants) and cost of medicines for additional stay.

13. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection resulting as a consequence of surgical procedure or due to any improper procedure and is not justified.

14. The package rates are for semi-private ward. The ECHS beneficiaries taking treatment in the empanelled hospitals will be entitled for reimbursement / treatment on credit as per the package rate/rates as per MoA, whichever is lower. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be the same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

15. A hospital empanelled under ECHS, whose normal rates for treatment procedure/test are lower than ECHS prescribed rates, shall charge as per the rates charged by them for that procedure /treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

16. During inpatient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate fixed by the ECHS, which includes the cost of all the above items.

17. In case of treatment taken in an emergency in any non-empanelled private hospitals, reimbursement shall be considered by the competent authority at CGHS prescribed packages/rates only.

18. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for the major procedure and only at 50% of charges for the minor procedure even if done under separate sittings/same sitting e.g. CAG with PTCA/CABG,.

19. Any legal liability arising out of such services provided, the responsibility solely rests on the hospital and shall be dealt with by the concerned empanelled hospital.

20. Package rate shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) the following :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patient's diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges.
- (l) Anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges.
- (s) Nursing care charges.

21. **Cost of Implants/Stents/Grafts** These costs are reimbursable in addition to package rates as per ceiling rates of CGHS/ECHS for implants/stents/grafts or as per actual rates in case there is no CGHS/ECHS prescribed ceiling rates for the same.

22. **Treatment Charges for New Born Baby** Treatment charges incurred on new born babies are separately reimbursable in addition to delivery charges for the mother.

Classification of Hospitals as 'Super-Speciality' Hospitals

23. As per Ministry of Health and Family Welfare vide their Office Memo No S.11011/23/2009-CGHS D.II/Hospital Cell (Part I) dated 13 Sep 2010 for Delhi, entitlement of hospitals to super- peciality rates will not be, because the hospitals perceive themselves to be super-speciality hospitals, but subject to their fulfilling the eligibility conditions for being classified as super-speciality hospitals. These are as under :-

- (a) Hospitals with 300 or more beds.
- (b) Should be accredited by NABH or an equivalent agency such as Joint Commission International (JCI) of USA, ACHS of Australia or by any other accreditation body approved by International Society for Quality in Health Care (IS Qua).
- (c) Should have ECHS empanelled treatment facilities in at least three of the following Super Specialities in addition to Cardiology, Cardiothoracic Surgery and Specialised Orthopaedic Treatment facilities that include Joint Replacement Surgery :-
 - (i) Nephrology and Urology (including Renal Transplantation).
 - (ii) Endocrinology.
 - (iii) Neuro Surgery.
 - (iv) Gastroenterology and GI-Surgery including Liver Transplantation.
 - (v) Oncology-(Surgery Chemotherapy and Radiotherapy)

Referral to Empanelled Facility

24. Referrals to Empanelled Facilities will only be made once all available facilities of the Polyclinic are fully utilized. In case the referral to Empanelled facility is recommended by a Service Specialist/ Dentist, a referral form will be generated by the ECHS Polyclinic under the signature of a Medical/ Dental Officer of the Polyclinic.

25. **Choice of Empanelled Facility** Choice of an empanelled facility will be that of the ECHS member. Authority to initiate referrals will be as follows:-

- (a) **Referral for General Service Specialties** A list at Appendix 'A' is attached for General Service Specialties.
- (b) **Referral for Specialized Services** Referral for specialized services covering various super- specialties is attached at Appendix 'B'. For these, referrals can only be made by a specialist at the polyclinic or on advice of the concerned specialist of Service hospital, subject to load, or concerned specialist of local Government hospital or concerned specialist of empanelled hospital (in the absence of a Service hospital).
- (c). **Emergency Referrals** In case of emergency / life threatening conditions, a patient is permitted to take treatment in any hospital. However, if such an emergency occurs while at a Polyclinic, a Medical Officer of the Polyclinic may directly refer a patient for specialized treatment / tests, so that emergent medical management and necessary care is not delayed. In such cases, a certificate to this effect will be endorsed by the referring Medical Officer of the polyclinic

(d). **Authentication and Endorsement** All referrals from ECHS Polyclinics will be authenticated by the OIC Polyclinic under his stamp. A rubber stamp may be used for the above purposes. He will also endorse non-availability of spare capacity in Service hospitals. The endorsement should state as under :-

(i) **Military Stations with Service Hospitals.** “Verified that beds / specialty /facility is not available (NA) in the local Service hospital at present”.

(ii) **Non – Military Stations / Military Stations without Service Hospitals** “There is no Service hospital located in the Station”.

26. **Referral from Military Polyclinics (with Service Hospitals)** Referral of a patient to a Service hospital before referring him/her to an empanelled facility is done primarily to economize on the meager resources of the State. Intention of initial referrals to Service hospitals to the ‘**extent possible**’ is to utilize the spare capacity without causing undue harassment to the veterans or overloading the Service hospital.

27. In order to avoid undue inconvenience to the patients, the following guidelines will be adhered to:-

(a) Patients must be referred directly to civil empanelled facilities by Medical Officer/ Medical Specialist (as applicable) at ECHS Polyclinics in case of ‘overloading’ or nonexistence of medical facilities at the Service hospital. A certificate by the Commanding Officer of local Military Hospital or hospitals or SEMO in a Military Station as the case may be with regard to existing/likely/ anticipated overloading specialty wise or in case of non availability of concerned specialists may be obtained on a periodic basis. This arrangement will facilitate quick disposal of cases reporting at ECHS polyclinic, avoiding unnecessary to and fro movement of ailing AFV between the polyclinic and the Military Hospital concerned. Such information must be provided by the SEMO to the OIC ECHS Polyclinics under their SEMO cover on a regular basis.

(b) Patients will be referred to Service hospitals only for those diseases for which facilities exist in the Service hospital. All OIC ECHS Polyclinics must possess a list of such facilities.

(c) A list of specialties with a check box against each is attached as Appendix ‘C’. The same is to be completed by SEMOs and forwarded to the ECHS Polyclinics under their SEMO cover. OIC ECHS Polyclinic should be in touch with the concerned Senior Registrar of Command / Zonal Hospitals and CO of smaller hospitals to regularly update the information.

(d) To the extent possible, a Service hospital of the station should NOT refer the patient to the Service hospital of a different station, unless in the opinion of the concerned specialist, such a step is in the interest of the patient. Hence, once a patient is referred to a Service hospital, the patient will either be treated in the Service hospital or outsourced locally to a civil empanelled facility of the patient's choice in that station through the ECHS Polyclinic.

28. **Referral from Non - Military Polyclinics (Including Military Polyclinics without Service Hospitals).**

(a) For the purpose of referrals, Polyclinics located in Military Stations without Service hospitals will follow the procedure applicable to Non Military Polyclinics.

(b) ECHS patients will be referred to only those civil empanelled facilities that have valid MoA with the Regional centre ECHS.

(c) In the absence of local empanelled facilities, direct referrals by Non – Military Polyclinics to Service hospitals in nearby stations are permitted, except to the Army Hospital (Research & Referral), Delhi Cantt.

(d) A patient can be referred directly to an empanelled facility in a nearby city provided the Regional centre ECHS of the originating Polyclinic has a valid MoA with the concerned hospital of that city. Such cross-empanelment is essential to widen the network of referral facilities. The Regional centre ECHS must proactively liaise with empanelled facilities of nearby stations and sign MoA for commencement of direct referral to such facilities.

(e) Till the time instructions on cross-empanelment are implemented, all referrals to outstation empanelled facilities will be routed through the local ECHS poly clinic.

29. **Referral for ECHS Members in Remote/Hilly Areas.**

(a) ECHS beneficiaries residing in remote/hill areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to difficult terrain/distance involved.

(b) ECHS beneficiaries are permitted to avail the facilities/services of the nearest Govt. Health Care Centres/Primary Health Centre/Government Hospitals (deemed empanelled) without prior referral from the Polyclinic. Regional Centre may, as and when required, review areas to be declared remote for the above purpose and forward their recommendations for addition/deletion to Central Organization for approval.

30. **Referral to Reputed Hospitals for planned Treatment.**

(a) Presently, ECHS beneficiaries are referred from ECHS Polyclinic to various empanelled hospitals/diagnostic centres/dental centres, to avail cashless medical treatment. In an emergency, they can avail medical facilities at any hospital. In case of non-empanelled hospital, the individual has to make payment and claim reimbursement at CGHS rates.

(b) ECHS members may be referred to reputed private hospitals for planned procedures on merits of the case. Approval for such referrals would be granted on a case to case basis by Central Organization, ECHS based on recommendations by the Medical Officer/Specialist at the Polyclinic, OIC Polyclinic and the concerned Regional Centre. **Ex-Post-Facto sanction is not permitted. There is no provision for waiver to such a sanction.** The cost of treatment would be borne by ECHS member. Reimbursement would be limited to CGHS approved rates. TA/DA will NOT be entitled in such cases.

31. **Treatment at Medical Institute of National Repute** (Auth : Central Org letter No B/49773/AG/ECHS/Med Advance dated 16 Mar 2004). Admission/treatment in Institutes of National repute listed below is permitted. In case the ESM or their dependents are referred by ECHS Medical Officer/Specialist to any of the Institutes mentioned below, an advance is permitted to be given to the beneficiary in the name of the treating hospital from the concerned Station HQ amounting to 80% of the estimate given by the concerned hospital for treatment. No advance will be paid directly to ECHS member. The hospitals where such an arrangement is permitted are as follows:-

- (a) All India Institute of Medical Science, New Delhi.
- (b) Post Graduate Institute, Chandigarh.
- (c) Sanjay Gandhi Post Graduate Institute, Lucknow.
- (d) National Institute of Mental Health and Neurosciences, Bangalore.
- (e) Tata Memorial Hospital, Mumbai (for Oncology).
- (f) JIPMER, Pondicherry.
- (g) Christian Medical College, Vellore.
- (h) Shankar Nethralaya, Chennai.
- (j) Medical College and Hospitals under the Central or State Government.

32. **Outsourcing of Investigations** Outsourcing of Investigations is often resorted to by empanelled hospitals. In all these cases, the payment to the outsourced facility is to be made by the hospital referring the case. **ECHS will not be dealing with any third party.** Bills may be submitted by the empanelled facility and will be cleared by ECHS as per CGHS rates. Excess cost, if any, may be recovered from the patient directly, with his/ her prior consent.

Use of Referral Form

33. The referrals to empanelled facilities will be made by the authorized Medical Officers/Specialists in the Polyclinics on "ECHS Referral Form" only. A format of the referral form is enclosed. The referrals will be duly signed by the medical officer and stamped by the seal of the Polyclinic and will clearly outline a brief history of the case, the provisional diagnosis / diagnosis as the case may be, the Hospital/ Diagnostic Centre to which the ECHS beneficiary have been referred, and the specific treatment procedure /investigation for which the referral has been done.

34. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure, they are permitted to be admitted to any / nearest hospital. In case of admission to an empanelled facility, the member would be required to produce his/her ECHS card as proof of ECHS membership. In such circumstances the empanelled hospital/ facility is required to inform the Polyclinic of that station, or the nearest Service Hospital/ Station Headquarters (Station Head Quarter) in case the Polyclinic cannot be contacted, within a period of 48 hours, regarding the particulars of patient and the nature of admission. The OIC Polyclinic may make arrangements for verification of the facts and issue of a formal referral accordingly.

35. By and large the conditions of emergency are listed as under: -

- (a) Acute Cardiac Conditions/ Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra-ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated hypertension and Complete dissection.
- (b) Vascular catastrophies including Acute limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.

- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including coma, cerebro- meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynaecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries. and thermal injuries.
- (g) Acute poisonings and snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicaemia, disseminated/ miliary tuberculosis.
- (m) Acute Manifestation of Psychiatric disorders. **[Refer Appx `D' of Central Organisation letter No B/49778/AG/ECHS/Policy dated 13 Nov 2007.]**
- (n) Dialysis treatment as an emergency.
- (o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency the onus of proof lies with the ECHS member.

36. OIC ECHS Polyclinic may suitably take actions in the interest of the patient accordingly under advice of Medical Officer / Senior Medical officer of the polyclinic as the case may be. All possible help will be provided to AFV in such cases. In case of misrepresentation regarding the facts of emergency, the admitting hospital /facility shall be solely responsible for financial consequences thereof with the decision of Station Commander being final in such cases keeping in view the interest of the ECHS Organization.

37. Payments of bills for emergency treatment in the empanelled hospital will be made by ECHS as per approved rates and the member is not required to pay even if the particular facility is not empanelled with the empanelled hospital.

Admission to a Non-Empanelled Hospital/Facility

38. Such admissions will be dealt as under:-

- (a) The ECHS beneficiary or his/her representative should inform nearest Polyclinic/ Parent Polyclinic / nearest ECHS Regional Centre / Central Organization (e-mail ID dechs@bol.net.in) within two working days of such admission. OIC of nearest Polyclinic will make arrangements for verification of facts and issue Emergency Information Report (EIR) as per format (attached) on receipt of information from representative of ECHS beneficiary/OIC Parent Polyclinic / Regional Centre / Central Organization as the case may be.

(b) The responsibility for clearing of the bills in such cases will rest with the ECHS member. He/she may thereafter submit the bills along with summary of the case and other documents to the concerned Polyclinic. The sanction for reimbursement of such bills has been delegated to Competent Financial Authorities (CFA) by the Central Organization ECHS vide their **letter No B/49778/AG/ECHS/Policy dt 19 Aug 2008 as amended vide letter No B/49773/AG/ECHS/Policy dt 01 Dec 2008**. Such bills will be submitted within a period of one month from the date of discharge from hospital. Bills will be processed as CGHS/ECHS/AIIMS RATES/ACTUAL if unlisted.

(c) In the case of delay in submission of such bills, sanction of Station Commander to waive off the delay may be obtained for delays up to six months. Regional Director may waive off the delay up to one year. Delays beyond one year will be dealt by the Central Organization ECHS suitably as per merit of the case. The decision of MD, Central Organization shall be final in such cases.

39. While being treated in emergency, if another test/procedure is to be carried out on account of new illness/complications, the treatment of which cannot be deferred, the same may be undertaken in the empanelled hospital and fresh referral is not required. Need for additional procedure undertaken in emergency is to be elaborated and justified in clinical summary submitted with the bills.

40. Policy already exists for permitting Haemodialysis as an emergency procedure in a non-empanelled hospital (**Auth : Central Org ECHS letter No B/49770/AG/ECHS dt 26 May 09**). The requirement of obtaining Emergency Certificate from the Hospital and subsequent EIR from the ECHS Polyclinic is therefore dispensed for such cases. Further, if Haemo-dialysis is undertaken on an OPD/Day Care basis there will be no requirement of attaching discharge summary/certificate signed by the Medical Superintendent /Hospital Signatory with the claim for reimbursement.

Follow-Up Treatment/ Reviews

41. **In cases where regular follow-up/review is required, such follow-up treatment, (OPD/ Indoors) will be provided for a maximum period of 1 month at a time. First referral form in such cases should mention the same i.e. "Referred for follow-up treatment for a period of one month." Fresh referral has to be initiated on expiry of the one month period.**

42. The same provisions will apply for cases where treatment procedures are to be repeated at regular intervals as an ongoing process, e.g., cases requiring dialysis or regular long term physiotherapy. An example of what the referral should read is illustrated below: "Referred for Haemo-dialysis, 3 sessions per week for a period of one month."

43. In case of Military-Polyclinics, referrals for follow up treatment for the same ailment, should not be routed through the Service hospitals, up to three months. A review of case will be undertaken through the polyclinic 15 days before the expiry of the three month period, to assess the requirement of further treatment, if any.

44. The Original referral form will be attached along with the first lot of bills in all such cases. A photocopy of the referral form will be attached with subsequent bills for the same referral, with an endorsement by the hospital linking the case to the original referrals with claim IDs.

Oncology Referrals

45. In order to rationalize Oncology (Onco) referrals, the following procedures will be implemented:-

(a) All patients reporting initially to ECHS Polyclinic and suspected / confirmed to be suffering from cancer should first be referred to a Oncology Centre of a Service hospital (if available locally) or in the absence of service hospital with Oncology Dept, to an empanelled hospital recognized for oncology where registration, work-up and treatment planning can be carried out.

(b) Patients requiring surgery as part of their multi-modality treatment will be treated in the Service hospital (subject to availability to spare capacity) or the empanelled hospital (recognized for Onco surgery). If facility is not available locally, patient will be referred to the nearest Service hospital/ empanelled facility where such a facility is available.

(c) Patient requiring Chemotherapy/Radiotherapy (RT) will be issued a referral to local Service hospital with Oncology Dept (subject to load) or ECHS empanelled Oncology(Onco) centers once only for the entire duration of treatment.

(d) The stipulation of one month validity for referral forms will not apply for Oncology cases prescribed Chemotherapy/Radiotherapy. The referral form on top should clearly mention "SPECIAL ONCOLOGY REFERRAL" to distinguish it from routine referrals.

End Stage Disease

46. In certain cases where the medical finality has been reached and active treatment is over, the patient would require rehabilitative care/terminal care. Such patients should be transferred to an appropriate empanelled institution like a Rehabilitation Centers or a Hospice. Hospitalization in non-empanelled hospices/ terminal care centers has been permitted vide **Central Organization ECHS letter No. B/49771/AG/ECHS/Policy dated 07 Aug 2009**, with a view to reduce expenditures on prolonged hospitalization of such patients. Treatment in such cases in special institute / centre is permitted for a maximum period of six months.

47. 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 definite medical treatment has run its course, will be referred to rehabilitative care will admissible will be paraplegia , quadriplegia, Alzheimer's 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 :-

(a) Rates of payment for rehabilitation / terminal care cases will be limited to maximum rates permissible under CGHS for special Nursing/Ayah/Attendant charges plus charges for medical treatment as per CGHS rules. Where the rates of CGHS are not laid down, AIIMS charges or actual whichever is less will be applicable. In case rates have not been defined by AIIMS, the actual will be reimbursed. Rehabilitative care/terminal care does not include old age homes.

(b) Reimbursement will be limited to maximum period of 6 months. Thereafter cost of the treatment has to be borne by the patient.

Guidelines For Domiciliary Rehabilitation Medicine Intervention

48. Guidelines have been issued on reimbursement entitled for domiciliary rehabilitation medical intervention to ECHS beneficiaries vide **ECHS letter No B/49770/AG/ECHS/Policy dated 31 Oct 2011**. The following allied health services need to be considered for domiciliary care:-

- (a) Physiotherapy.
- (b) Occupational therapy.
- (c) Speech therapy (for stroke/head injury).
- (d) Conditions requiring rehabilitation intervention and duration if domiciliary therapy:-
 - (i) Orthopaedic Disorders. post joint replacement surgery in acute phase, physiotherapy after 2 weeks, post- discharge.
 - (ii) Neurological Disorders (for upto 6 weeks) :-
 - (aa) Post stroke. OT, PT, and ST
 - (ab) Brain injury OT, PT and ST
 - (ac) G.B. Syndrome. OT and PT
 - (ad) Spinal cord injury OT and PT
 - (ae) Motor neuron disease OT PT and ST
 - (ii) Locomotor Disability With the disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Govt. Specialists by certified care- giver [MEANS Rehabilitation council of India certified personnel+ Physiotherapist and Occupational therapist]
- (e) Admissible Rates. The following rates may be reimbursed:-
 - (c) Maximum of Rs 300/- per day per therapist.
 - (c) Maximum of Rs 150/- per month for long- term requirement, whichever is lesser to certified Caregiver.
 - (c) No reimbursement to be allowed for purchase/hiring of therapy equipment/ devices.

Period of Hospitalisation

49. Where a patient is admitted for specific treatment, he will be hospitalized for such period as is necessary for completion of the treatment. For treatments, specialized procedures or diagnostic tests for which Package rates are specified, the periods of hospitalization should not exceed the following limits, under ordinary circumstances :-

- (c) 12 days for specialized (super specialties) treatment.
- (b) 7 days for other major surgeries.
- (c) 3 days for laparoscopic surgeries/normal deliveries.
- (d) 1 day for day care/minor (OPD) surgeries.

50. **Restrictions /Limitations of Hospitalization Period and Related Charges:-** There are Specific restrictions to hospitalization periods which all concerned must adhere to economize the costs on account of period of stay. These are elaborated as under:

- (c) In case the beneficiary has to stay in the hospital for his/ her recovery for more than the period covered under Package rates, the additional payment beyond the package period will be limited to room rent as per entitlement, cost of the prescribed investigations, **doctors visits (not more than 2 times a day in both ICU and wards)** and cost of medicines (for additional stay). The requirement for additional stay beyond the package period will be justified by the hospital and approved by the SEMO considering the diagnosis and clinical condition of the case in Military Polyclinic or by the nearest Station Commander in case of Non Military polyclinic on advice of MO/Senior MO of the polyclinic.(**Ref Central Organisation letter No B/49770/AG/ECHS/Treatment dt 15 Mar 2010**).
- (b) No additional charges on account of extended period of stay shall be allowed if that extension is due to infection as a consequence of surgical procedure or due to any improper procedure and is not justified or due to professional negligence of any kind.

Conditions Requiring Prior Approval

51. **Unlisted Procedures.** Medical care is a dynamic science with new technologies being introduced each day and on a regular basis. Before clinical implementation, these new methodologies of treatment have to undergo a process of rigorous cost effective trials. Many of these methodologies are not listed in the CGHS/ AIIMS procedures. Prior approval will be required only for those procedures, implants and tests (diagnostic) which are not listed in CGHS rate list of procedures/ investigations/ceiling rates of implants. Where the implants/methodologies of treatment not listed under the CGHS/ AIIMS are recommended for an ECHS member, prior approval will be obtained in writing as per table below. The request will be forwarded to the Polyclinic, for obtaining approval through the Senior Executive Medical Officer (SEMO).

Cost of Implant/ Procedure Approval

- | | | | |
|-----|-------------------|---|---|
| (a) | Less than 02 lakh | - | by SEMO/ SMO/ PMO |
| (b) | 02 to 04 lakhs | - | by Service specialist of concerned specialty |
| (c) | Above four lakhs | - | by concerned Senior Adviser/Consultant at Command / Zonal Hospital [for NCR of Delhi , Base Hospital /Army Hospital(R&R) Delhi Cantt vide Central Organization letter No B/49778/AG/ECHS/ PA/Ruling dated 28 Jun 2011]. |

52. **Procedure for Approval.** Requests for approval are to be submitted by the Empanelled Hospital or Dental/ Diagnostic Centre to the Polyclinic by Fax/Courier. Polyclinic will fwd the request, as per proforma, to SEMO for obtaining the necessary approval and communicating the same to the concerned Empanelled facility.

53. **Emergency Conditions.** In certain emergency situations due to the urgency of the case or to save life or limb of a patient, prior approval may not be possible. In all such cases the proposed treatment should continue. Emergent/life saving treatment will not be denied on the plea that 'Prior Approval' needs to be obtained. However, the concerned Empanelled Hospital will, in discharge summary, give a detailed justification of the cause as to why the prior approval was not obtained for that particular procedure/test. **There is no provision; however, of an ex post facto 'Prior Approval' and the Proforma (Appendix A) will NOT be used in such cases.**

CGHS CEILING RATES FOR IMPLANTS

54. **Cardiology Implantation Devices** CGHS has revised the rates coronary/vascular stents recently. Revised rates and guidelines for stents to ECHS beneficiaries are given in succeeding paras :-

(a) DCGI approved stents will be reimbursed as per the ceiling rates as depicted in table as under :-

<u>Ser No</u>	<u>Name of the Stents</u>	<u>Ceiling Rates</u>
(i)	Drug Eluting Coronary Stents	
(a)	All DCGI and FDA approved	Rs.65000/-
(b)	All DCGI and CE approved	Rs.50000/-
(c)	All DCGI approved	Rs.40000/-
(ii)	Bare Metal Coronary Stents	
(a)	Stainless steel stent	Rs.12000/-
(b)	Cobalt stents	
(i)	All DCGI and FDA approved	Rs.20000/-
(ii)	All DCGI and CE approved	Rs.18000/-
(iii)	All DCGI approved	Rs.15000/-
(c)	Coated / other stents	Rs.25000/-
(iii)	Bare Metal Vascular (Non Coronary Stents)	
(a)	Stainless steel stent	Rs.20000/-
(b)	Cobalt stents	Rs.22000/-
(c)	Nitinol / other stents	Rs.25000/-

Auth: Central Organisation letter No B/49773/AG/ECHS/Rates/policy dated 25 Nov 2011.

(b) Maximum three stents of which not more than two drug eluting are permitted. In special cases when a patient requires additional stents prior approval of service cardiologist will be obtained as per procedure laid down vide our letter No **B/49778/AG/ECHS/PA/Ruling dt 28 Jun 2011.**

(c) If a beneficiary under ECHS has been implanted by any other non- approved drug coated stent or a drug eluting stent is implanted in conditions other than those mentioned above, reimbursement shall be limited to the cost of Bare metal stent.

(d) Other cardiac implants/ equipments and the ceiling costs are shown in table as under:-

<u>Ser No</u>	<u>Name of the Cardiac Implants/Equipments</u>	<u>Ceiling Rates</u>
(i)	Rotablator	Rs. 50,000/-
(ii)	(a) Pacemakers (Single Chamber)	
	(i) Without Rate Response	Rs. 37,000/-
	(ii) With Rate Response	Rs. 65,000/-
	(b) Pacemaker(Dual Chamber)	Rs. 1,15,500/-

Auth : Central Organisation letter No B/49773/AG/ECHS/Rates/Policy dated 10 Jan 2011)

(e) If a non-approved drug eluting stent (DES) is implanted or a drug eluting stent (DES) is implanted in conditions other than those mentioned above in an empanelled hospital and no written informed consent was obtained from the beneficiary, that he/she would bear the difference in cost between the DES and Bare Metal Stent and the hospital has charged this amount from the beneficiary. The additional amount shall be deducted from the pending bills of hospitals and shall be paid to the beneficiary.

(f) The outer pouch with sticker and invoice bearing lot/batch number of the implants should be attached. In case the private empanelled hospital has not given the batch number and or outer pouch of the implants in a particular case, the cost for implants will not be reimbursed (for reimbursement claims). In case of empanelled hospitals, the bills without supporting documents as above will NOT be accepted.

55. **Neuro- Implants**

(a) The ceiling rates for Neuro- Implants are shown in table as under:-

<u>Ser No</u>	<u>Name of the Neuro- Implants</u>	<u>Ceiling Rates</u>
(i)	DBS Implants(including MER)	Rs. 3,60,000/- (or actual whichever is less)
	Cost of Battery of DBS	Rs. 2,50,000/- (or actual whichever is less)
(ii)	Intra -Thecal Pumps:-	
(a)	Intra -Thecal Beclofen Pump	Rs. 2,62,000/- (or actual whichever is less)
(b)	Intra Thecal Morphine Pump	Rs. 2,62,000/- (or actual whichever is less)
(c)	Cost of battery	Rs.2,25,000/- (or actual whichever is less)

(iii) Spinal Cord Stimulator	Rs. 2,62,000/- (or actual whichever is less)
Cost of battery	Rs.2,00,000/-

Auth: Central Organisation letter No B/49773/AG/ECHS/Rates/Policy dated 10 Jan 2011.

(b) Prior approval for non listed procedure/investigation to be obtained as per **Central Org letter No B/49778/AG/ECHS/PA/Ruling dated 28 Jun 2011**. Original invoice along with the warranty/ Implant stickers to be submitted along with claims. The reimbursement/payments for implants will be as per ceiling rates above or actual cost whichever is lesser.

(c) **Guidelines for implants:**

(i) **DBS Implant:** The patient should be a case of idiopathic Parkinsonism resistant to conservative treatment. ECHS/patient shall be informed in writing by treating specialist of the cost of implant and the efficacy of the treatment.

(ii) **Intra Thecal Pumps** (Intra Thecal Beclofen Pump, Intra Thecal Morphine Pump)/Spinal Cord Stimulator: All conservative treatment procedures have failed and the diagnosis was confirmed. Treating specialist shall certify that there is reasonable chance of survival of terminally ill patient. Therapeutic trials shall be conducted and recommendation should be based on positive therapeutic trials. The treating specialist shall certify as such in writing. ECHS/patient shall be informed in writing by treating specialist of the cost of implant and the efficacy of the treatment.

(d) **Warranty.** The Company offers limited warranty for two yrs from date of Implantation to provide free replacement in the case of battery failure or if malfunctioning of the device is reported by the concerned Physician. The company shall also supply all the implants with not more than 1/6 of the life of battery exhausted.

(e) **Life/Replacement of Batteries:**

(i) Life of Battery is 3-5 years in case of DBS Implants and Spinal cord stimulator depending on parameters selected for stimulation and usage and up to 7 years in case of Intrathecal Infusion pump.

(ii) Replacement of Battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case to case basis by Central Organization ECHS.

56. **Hip and Knee Implants**

(a) The ceiling rates for Hip/Knee Implants are as under in the table:-

<u>Ser No</u>	<u>Name of the Item</u>	<u>Ceiling Rates</u>
(i)	Knee Implant	Rs. 60,000/- + the cost of bone cement Rs.5,000/-

- (ii) Hip Implant Rs.35,000/- + the cost of Bone cement
Rs.5,000/-

Auth: Central Organisation letter No B/49773/AG/ECHS/Rates/Policy dated 10 Jan 2011.

- (b) The treating orthopedic specialist shall issue a certificate to the effect that the implant has been implanted successfully and is functioning satisfactorily.
- (c) Invoice along with the Implant stickers will be submitted along with bills/claims. The reimbursement/payments for implants will be as per ceiling rates above or actual cost whichever is lesser.
- (d) In case of orthopedic and Neurological implants only invoice is to be attached.

57. **IOL**

- (a) The ceiling rates for IOL are as shown in the table:-

<u>Ser No</u>	<u>Name of the Item</u>	<u>Ceiling Rates</u>
(i)	Hydrophobic Foldable IOL	Rs.5,000/-
(ii)	Silicon Foldable IOL	Rs.3,600/-
(iii)	Hydrophilic Acrylic Lens	Rs.5,800/-
(iv)	PMMA IOL	Rs. 490/-

Auth: Central Org letter No B/49773/AG/ECHS/Rates/Policy dated 10 Jan 11.

- (b) The ceiling rates mentioned above for different types of IOL implants to be used will be as per actual expenditure or the rates mentioned whichever is less and will be reimbursable in addition to the package rates for cataract surgery procedure.
- (c) The reimbursement at the above mentioned ceiling rates will be done as per the rates fixed for the various IOL mentioned above and the IOL actually used in the surgery. It is mandatory for the operating surgeon of all private empanelled hospital/ECHS beneficiaries to attach the empty IOL sticker, bearing the signatures and stamps of the operating surgeon on it, along with the bill in support of the type of IOL used, containing its batch number. In case of empanelled hospitals, the bills without supporting documents as above will NOT be accepted.

58. **Cochlear Implant Surgery**

- (a) The ceiling rate for Cochlear Implant Surgery is Rs.5,35,000/-(Rupees five lakhs and thirty five thousands only).
- (b) The best results are achieved if cochlear implants take place between the age of 1-5 years. It is therefore, proposed to permit reimbursement in a graded manner as under:
- (i) In the pre lingual deafness, total reimbursement of the ceiling rate or actual, whichever is less, for cochlear implant will be allowed in respect of implants carried out on children aged between 1 and 5 years.

(ii) For children between the age of 5 and 10 yrs, 80% of the ceiling rate for implant will be reimbursed. For children above the age of 10 years but below 16 years of age, only 50% of the ceiling rate for the implant will be reimbursed.

(iii) 50% of the cost of the wearable components, e.g. Speech Processor, Microphone, etc. (excluding cords, batteries) for the purpose of up-gradation and / or replacement due to fair wear and tear may be allowed, after a period of three years, to be considered on the basis of advice of Sr Adv (ENT).

(c) Only unilateral implantation will be allowed. As cochlear implant surgery is a planned surgery, prior permission has to be obtained before the surgery is undertaken i.e prior approval procedure will be followed.

(d) **Selection criteria for Cochlear Implant:**

(i) Pre-lingually deaf children (severe to profound B/L S.N.H. Loss)

(aa) Age group between 1 to 16 yrs. However, children using hearing aids and getting auditory training from age 1 yr of less may be considered at higher age also on a case to case basis.

(ab) No appreciable benefit from hearing aids after 6 months of trial with hearing aids. No speech formation seen

(ac) No mental retardation.

(ad) No active middle ear cleft disease. Perforation of the TM should be closed at least three months prior to implantation.16

(ae) No cochlear aplasia and/ or agenesis of cochlear nerve. support for post op rehabilitation.

(af) No retro cochlear lesion or central deafness.

(ag) Good family support for post op rehabilitation.

(ii) **Post- lingually deaf candidates** (B/L profound S N H Loss)

(aa) There should be no appreciable benefit from hearing aids (both ears).

(ab) No active middle ear cleft disease.

(ac) Perforation of the TM should be repaired three months prior to the implantation.

(ad) Deafness should be due to cochlear lesions.

(ae) Post meningitis labyrinthitis ossificans of the cochlea is a contraindication. However cases like post inflammatory, ossification of cochlea, cochlear dystrophies and cochlear otosclerosis with visible perilymphatic shadows in MRI are relative indications and can be done on a case to case basis.

(e) **Type of Cochlear Implants:** Only multi channel cochlear implant duly approved by appropriate authority should be recommended.

(f) **Basic pre-op Investigations for Cochlear Implant:**

(i) Audiological

(aa) OAE

(ab) BERA/ASSR

(ac) Impedence (in children)

(ad) Audiogram/Aided audiogram

(ii) Radiological

(aa) HRCT temporal bone for bony cochlea and middle ear cleft

(ab) 3D MRI for membranous cochlea, Neural bundle and brain

(ac) IQ/Psychiatric evaluation in children with pre- lingual deafness.

(ad) The invoice with sticker/pouch of implants to be submitted alongwith the bill/claim.

Bill Submission

59. General Instructions.

(a) Every page of the claim document needs to be serially numbered in hard copy.

(b) **Referral Letter** :-

(i) Seal and Signature of MO I/C and O I/C is mandatory on all printed referral letters.

(ii) Computerized Referral letters needs to have the Name and Designation of MO I/C along with seal and signature of O I/C.

(ii) Seal and Signature of MO I/C and O I/C is mandatory on the hard copy of all the referral letters.

(c) MRP/Drug certificate for the Drugs/Medicines/Consumables is mandatory for items more than Rs.1000/- per unit price.

(d) Drugs issued by the hospital post discharge, are only payable for 7 days. Post that, drugs needs to be issued from the ECHS dispensary.

(e) Detailed Discharge summary should be provided with complete details like - Presenting Complaints, line of treatment, events of sequential surgical interventions and advice on discharge etc. Discharge summary should have seal and signature of the treating doctor or resident doctor.

(f) Laboratory & Radiological reports

- (i) All laboratory /radiological reports must be in printed form of the Hospital/ DC letter head and in original duly signed by the concerned specialist.
 - (ii) Computerized reports should be affixed with digital signatures with name of the specialist.
 - (iii) The CGHS code /AIIMS/ actual rates should be mentioned against all the billed diagnostic tests/procedures.
- (g) All investigation reports should be arranged in chronological order.
- (h) Final bill must have Bill No. along with seal and signature of the authorized person. Should have necessary details about amount claimed against accommodation, consultation, investigations, medicines & consumables and other Procedures.
- (j) Prior Approval for unlisted procedure/ implants, investigations and extended stay required as applicable.
- (k) Invoices should also be supported with matching outer pouch and sticker of the implants.
- (l) Total Joint replacement Surgeries and other orthopedic surgeries need to be supported with Pre & Post Op radiological reports and images.
- (m) Package rates to be considered as per CGHS guidelines as per No: OM. S.11011/23/2009- CGHS D.11/ Hospital Cell (Part IV), Government of India. Medical Management within package period 0-12 days to be considered as part of package and extra billing will not be allowed.
- (n) Blood Bank Expenses needs to be supported with compatibility forms and transfusion notes.
- (o) Hospitals must provide the Indoor case papers (ICP) as and when required.
- (p) Ambulance charges are not admissible.
- (q) Admission case notes/ Clinical assessment notes are required to be submitted for all emergency admissions.

Out Patient Department Bills

60. Copy of ECHS card, referral letter and OPD consultation slip on hospital letter head, with signatures of treating doctor should be attached with OPD consultation bill.
61. In case of investigation only, copy of ECHS card, referral letter with notes of service specialist/MO polyclinic along with reports should be submitted.

Processing of claims

(a) All claims should be uploaded on UTIITSL website in PDF format and submitted in physical form to the Regional Centre.

(b) The documents needs to be submitted as per the checklist mentioned below:-

Ser No	Required Documents
1.	(a) Proof of membership/Photocopy of ECHS membership Card.
	(b) Referral Form.
	(c) Emergency Certificate by treating Hospital (as the case may be).
	(d) Admission Case Note.
2.	Bill Submission
	(a) Original bill :-
	(i) Summary of Bill.
	(ii) Itemized bill.
	(b) Prior Approval (If required).
	(c) MOA (Covering the period of Hospitalizations) along with Annexure-II.
	(d) Page numbering of case file.
	(e) MRP Certificate from empanelled hospital countersigned by Polyclinic/Regional Center.
	(f) Discharge/Case Summary/Patient record by treating hospital and Death summary if applicable.
	(g) Investigation reports in chronological order .
	(h) Invoice + with matching outer pouch & Sticker of implant as applicable.
	(j) PTCA- Pre and Post PTCA reports.
	(k) Pre and post PTCA real time images to be submitted as and when required by respective authority.
	(l) Joint Replacement- Pre and Post X-ray image & report.
3.	Miscellaneous- other Documents

62. 10% deduction will be done on the cost of the chemo drugs by the hospital in case of indoor treatment.

63. All investigations reports are mandatory even for package procedures.

64. If the medical management done falls under the preview of number of days for which a particular surgical / procedural package has been designed, it would be considered as a part of the package only. Anything exceeding the package duration may be considered to be paid extra if permission for treatment for that duration has been obtained from concerned ECHS authorities on Appendix 'A', 'B' & 'C' (**Auth : Central Organisation letter No B/49770/AG/ECHS dt 15 Mar 2010**).

65. **MoA, NABL Certificate & NABH Certificate:- Hospital needs to submit MOA, NABH certificate and NABL certificate once and needs to update the same as and when reviewed (Auth Paras 3 (a), (b) & (c) of Central Organisation letter No. B/49773/AG/ECHS/Rates/Policy dt 10 Jan 2011)**

66. **Cancer Treatment** In the case of treatment undertaken for Oncology, billing will be as for a **Non-Package disease** . The referral is valid for entire course of chemotherapy. The following **check list** specifically will be utilized accordingly in addition to routine documents:-

- (a) Doctor notes specifying chemotherapy/radiotherapy cycle details, dosage and Periodicity
- (b) Room rents/daycare charges as per CGHS rates
- (c) Investigations/other procedures as per CGHS rates
- (d) Drugs as per actual
- (e) Consultation as per CGHS rates.
- (f) Charges for Radiotherapy/chemotherapy as per CGHS SUPER SPECIALITY rates.
- (g) Charges for Surgical procedures as per TATA MEMORIAL HOSP rates.
- (h) Photo copy of the referral is permitted for subsequent chemotherapy and radiotherapy cycle.
- (j) Approval of SEMO/concerned spl for unlisted procedures.
- (k) Photo copy of the previous discharge summary and link up with original referral is mandatory.
- (j) The summary of the case and the bills should specify the following:-
 - (i) Protocol for management of the case.
 - (ii) Radiotherapy – Type of course and charges for complete course.
 - (iii) Chemotherapy - Number of cycles of chemotherapy.

67. **Chemo-drugs** Dealer's invoice should be attached with the bills.

Guidelines On Oncology Treatment Rates

68. Refer to Central Organization ECHS following letter No's :-

- (a) B/49774/AG/ECHS/Referral dated 01 Dec 2009
- (b) B/49773/AG/ECHS/Rates/Policy dated 10 Jan 2011
- (c) The guidelines for treatment of Oncology cases have been recently revised in CGHS by Ministry of Health & Family Welfare vide their office memorandum No. REC-!/2008/JD (Gr.)/CGHS/CGHS(P) dated 23 Jun 2011. Accordingly following guidelines for treatment of Oncology will be implemented in ECHS :-
 - (i) Cancer Surgical Procedures :-
 - (aa) Rates of Tata Memorial Hospital (TMH), Mumbai (2009) as mentioned under 'B' category will be applicable for ECHS beneficiaries for treatment in semi private ward with 10% decrease for general ward and 15% enhancement for private ward. Rates of TMH under 'B' category are at Appendix 'A'.

(ab) The categorization of surgeries shall be same as per the categorization of TMH.

(ac) The duration of treatment for different categories of Surgery will be as follows :-

(i) Category – I - 1-2 days.

(ii) Category – II - 3-5 days (7-10 days in respect of operations involving Abdominal/thoracic cavity).

(iii) Category – III, IV and V - 14 days.

(d) **Cancer Radiotherapy.** Super specialty rates of CGHS Delhi for cancer radiotherapy shall be applicable.

(e) **Chemotherapy.** Super specialty rates of CGHS Delhi shall be applicable for Chemotherapy. The hospitals shall provide Chemotherapy medicines to ECHS beneficiaries at a discount of 10% on MRP.

69. **Consultation.** CGHS rates for NABH accredited hospitals will be applicable for consultation for ECHS beneficiaries suffering from these diseases.

(a) **Room Rent.** Rates applicable for room rent (Accommodation Charges) for different categories of wards will be as given below :-

(i) General Ward - Rs 1,000/- per day.

(ii) Semi-private Ward - Rs 2,000/- per day.

(iii) Private Ward - Rs 3,000/- per day.

(b) A hospital empanelled under ECHS, whose normal rates for treatment procedure / test are lower than the CGHS prescribed rates shall charge as per the rates charged by them for that procedure / treatment from a non-ECHS beneficiary and will furnish a certificate to the effect that the rates are being charged by them from non-ECHS beneficiaries

(c) The categorization of surgical procedures into Categories – I, II, III IV & V.

RATES FOR SURGICAL ONCOLOGY

Ser	Description	Rates	Remarks
1.	First Consultation (Surgical Oncology)	*400/-	* Revision 1 (Apr 2010)
2.	Cross Consultation (Surgical Oncology)	265/-	
3.	Follow-up consultation (Surgical Oncology)	275/-	
4.	Chemotherapy Consultation Full Protocol (Surgical Oncology)	3,310/-	
5.	Intravenous Bolus per Cycle (Surgical Oncology)	550/-	
6.	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	3,310/-	
7.	Chemotherapy Daycare Charges per Cycle (Surgical Oncology)	1,105/-	
8.	Trucut Biopsy of Breast Lesions (OPD)	1,050/-	
<u>Operation Theatre (Hospital Service Charges)</u>			
9.	Minor OT – Service Charges	870/-	
10.	Major OT – Service Charges less than 2hrs	3,465/-	
11.	Major OT – Service Charges for 2 – 4hrs	5,775/-	
12.	Major OT – Service Charges for More than 4hrs	8,455/-	
13.	Minor OT – Drugs/Consumables (without GA)	325/-	
14.	Minor OT – Drugs/Consumables (with GA)	540/-	
<u>Surgery Charges</u>			
15.	Minor OT – Surgery Charges	870/-	
16.	Grade I Surgery	2,755/-	
17.	Grade II Surgery	6,930/-	
18.	Grade III Surgery	9,660/-	
19.	Grade IV Surgery	15,095/-	
20.	Grade V Surgery	17,325/-	
21.	Vascular Surgery Cover (Outsourced)	*25,000/-	* Revision 1 (Apr 2010)

RATES FOR CANCER RADIOTHERAPY

Ser	Name of Treatment Procedure	Rates	Remarks
<u>Cobalt 60 Therapy</u>			
1.	Radical Therapy	70,000/-	
2.	Palliative Therapy	25,000/-	
<u>Linear Accelerator</u>			
3.	Radical Therapy	95,000/-	
4.	Palliative Therapy	47,500/-	
5.	3D Planning	8,910/-	
6.	2D Planning	6,530/-	
7.	IMRT (Intensity Modulated Radiotherapy)	1,29,000/-	
8.	SRT (Stereotactic Radiotherapy)	78,000/-	
9.	SRS (Stereotactic Radio Surgery)	1,03,000/-	
10.	IGRT (Image Guided Radiotherapy)	1,88,000/-	
11.	Respiratory Gating alongwith Linear Accelerator Planning	1,25,000/-	
12.	Electron Beam with Linear Accelerator	89,060/-	
13.	<u>Tomotherapy</u>		
<u>Brachytherapy – High Dose Radiation</u>			
14.	Intracavitary	23,750/-	
15.	Interstitial	1,07,830/-	
16.	Intralumil	14,250/-	
17.	Surface Moul	4,750/-	
18.	GLIADAL WAFER	1,07,830/-	

**RATES FOR CHEMOTHPARAPY
(CGHS DELHI 2010 SUPER SPECIALITY RATES)**

Ser	CGHS 2010 ser No	Name of Treatment Procedure	Rates	Remarks
<u>Chemotherapy</u>				
1.	1186	Neoadjuvant	1960/-	
2.	1187	Adjuvant	1960/-	
3.	1188	Concurrent-chemoadiation	1430/-	
4.	1189	Single drug	590/-	
5.	1190	Multiple drugs	1345/-	
6.	1191	Targeted therapy	1310/-	
7.	1192	Chemoport facility	3140/-	
8.	1193	PICC line (Peripherally Inserted Central Consultation)	2000/-	

70. Rates applicable for room rent (Accommodation Charges) for different categories of wards and entitlement of wards will be as per our letter No B/49773/AG/ECHS/Rates/Policy date 06 Jul 2011.

71. **For any day care procedure requiring short admission** A few hours to one day accommodation charge for one day as per entitlement shall be applicable, provided the patient has been admitted in a room as per his/her entitlement.

72. The Super-speciality rates of CGHS Delhi for Cancer Radio-therapy and Chemotherapy shall be applicable as CGHS rates for Cancer Radiotherapy and Chemotherapy. In case of Chemotherapy the rates prescribed are procedural charges only. Room rent, investigations and cost of medicines are reimbursable in addition to the procedural charges.

73. Consultation fee shall be as per CGHS rates applicable for NABH Accredited hospitals

74. Investigation rates shall be as per CGHS prescribed rates of concerned city.

75. Cost of Implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates for implants/stents/grafts or as per actual, in case there is no CGHS prescribed ceiling rates.

76. The admissible amount for Cancer surgery shall be calculated as per the formula given below:-'Admissible Amount = Room rent as applicable + Anesthesia charges (as per category) + OT charges (as per category)+ Surgery charges (as per category)+ investigations at CGHS rates + Cost of Medicines and Surgical Disposables'. Anesthesia charges (as per category) + OT charges (as per category) + Surgery charges (as per category) prescribed above are applicable for semi private ward.

77. **Dialysis**: Package charge will include procedure and cost of consumables for dialysis. Investigations and other essential drugs (e.g. Inj Erythropoietin), if required, may be billed to ECHS as separate items, along with an essentiality certificate and supporting investigation reports.

78. **Cardiac treatment**. In the case of treatment undertaken for interventional cardiology, images with detail reports and of CAG / PRE and POST PTCA, duly signed by treating cardiologist, to be attached with the bill. Recommendation of concerned specialist is mandatory. POUCH/STICKER of stents/implants should be enclosed. Original invoice of stents/ implants with Name of the Patient is to be provided by hospital. If the hospital is submitting a group invoice, then the hospital should attach an individual invoice issued in the name of the patient for that implant/ stents along with the group invoice. Any implant/stent should be clearly justified in discharge summary by the concerned doctor. The following check list specifically will be utilized accordingly in addition to routine documents:-

- (a) Room rents/daycare charges as per CGHS rates
- (b) Investigations/other procedures as per CGHS rates
- (c) Drugs as per actuals
- (d) Consultation as per CGHS rates
- (e) Reports of CAG / PRE and POST PTCA duly signed by treating Cardiologist
- (f) Surgical procedures as per CGHS/AIIMS rates as applicable. POUCH/STICKER/ WRAPPER of stents/implants should be enclosed

- (g) Invoice of stents/ implants with Name of the Patient/hospital endorsed.
- (h) Any implant/ stent should be clearly justified in discharge summary by the concerned doctor.
- (j) In special cases when a patient requires additional stents prior approval of service cardiologist will be obtained as per procedure for unlisted procedures/tests/implants.
- (k) Cost of the Inj. Reopro and Inj. Integrallin not part of the package and is reimbursable in addition to package at actual rates [Auth: Central Organisation letter No B/49773/AG/ECHS/Bills dated 02 Mar 2005]
- (l) Approval of SEMO/ Concerned Specialist for unlisted procedure.(as applicable)

79. Orthopedics cases: All orthopedics (Ortho) surgeries and joints replacement surgeries to be supported by pre and post reports and image.

Diagnostic Bills

80. All laboratory/ radiology reports should be printed in hospital / diagnostic centre's letter head and in original duly signed by the concerned specialist. Reports should be attached in sequence.

81. All investigations reports are mandatory even in package procedures. Package rates to be considered as per CGHS/AIIMS rates and guidelines.

82. Medical management during package period- 0- 12 days to be considered as part of package and extra billing will not be allowed.

83. **DIET CHARGES** Diet charges are included in the package rates for various procedures which are negotiated with hospitals. For treatment procedures with no prescribed package rates 'diet' is included in 'Room Rent' charges. Hence all treatment in empanelled hospital is inclusive of diet and no additional charges are to be levied for the same. **(Auth : Central Organisation letter No B/49773/AG/ECHS/Policy dated 14 May 2007).**

Blood Bank Charges

84. Blood bank expenses need to be supported by vouchers/compatibility forms. **Processing cost and compatibility tests are part of blood/ blood components charges.** It is the responsibility of the empanelled hospital to arrange for the blood or blood products as the case may be. Under no circumstances patient or his/her relatives /attendants will be forced to arrange for the blood or blood product. The cost of whole blood is Rs.710/- **(Auth : Central Organisation letter No B/49778/AG/ECHS/Gen dt 10 October 2007) Other blood components charges will be as per CGHS/AIIMS/Actual if unlisted (whichever is less).**

85. Blood compatibility notes and blood transfusion vouchers needs to be submitted along with the bill.

86. Anti-platelet therapy is payable in addition to any other procedural charge/package charge.

Bills From Non-Empanelled Hospitals

87. Bills of emergency cases from non empanelled hospital / facilities will be uploaded in the concerned polyclinic and forwarded to the Regional Centre ECHS concerned. Hard copies of same bills along with the following documents would be submitted to the Regional Centre for verification/ scrutiny and payment as per guidelines of ECHS:-

- (a) Emergency certificate of hospital and EIR of the nearest Polyclinic
- (b) Photocopy of the card with date of membership
- (c) Receipt of payment done with the signature and seal of the concerned authorities
- (d) Final bill and detail bills of the entire treatment given during hospitalization with the signature and seal of the concerned authorities
- (e) Reports of Lab tests/ radiology/ specialized investigations if any
- (f) Invoice with Name of the Patient along with pouch/stickers/wrappers of stents/ implants if used
- (g) Original Discharge Summary
- (h) Application of patient/ AFV with address / bank details and contact No.
- (j) Details of the advance taken for the treatment from concerned Stn. HQ ECHS Cell (As applicable).
- (k) Doctor's prescription of medicine to be purchased from out side.
- (l) Relevant Contingent bill with the revenue stamp and signature of ESM on it.

Reimbursement of cost of medicines

88. Reimbursement of medicine bills is permitted only for under mentioned specialty treatment and the claim is to be preferred immediately on discharge from the hospital.

- (a) Post operative cardiac surgeries and interventional cardiology
- (b) Oncology.
- (c) Post operative organ transplant
- (d) Joint replacement
- (e) Neuro- Surgery/ Neuro- medical cases [**Auth : Central Organisation ECHS letter No B/41773/AG/ECHS dt 25 May 2004**]

89. Documents to be attached with the Bill of Medicine are as under:

- (a) Photocopy of referral and discharge summary with prescription of the medicine.
- (b) NA certificate from medical store of polyclinic/ service hospital

- (c) Photocopy of ECHS CARD
- (d) Original bill
- (e) Application of AFV with Address/ Bank detail/ Contact No.

90. Documents to be attached with Bill of Tests/procedures not available in service hospital/ govt. hospital/ empanelled hospital and diagnostic centers:

- (a) Certificate from Service Specialist that 'delay in test/procedure likely to cause loss of life/limb/serious deterioration in patient' condition'. Certificate from O/IC polyclinic that 'test/ procedure is NA in service hospital/ govt. hosp./ empanelled hosp and diagnostic centers' and clear endorsement of the case in EIR.
- (b) Approval of SEMO.
- (c) Original bill and reports of the test/ procedure done with the signature of auth Specialist.
- (d) Application of AFV with address / bank details / telephone or contact No.

91. In a Stn which does not have an empanelled facility for Haemodialysis, the treatment can permitted in the non – empanelled hospital as a life saving treatment.

92. Haemo-dialysis can also be permitted in a non-empanelled hospital when the facility in an empanelled hosp is not available to an ECHS member due to its limited capacity. The following are the guidelines:-

- (a) EIR should be raised by OIC Polyclinic with an endorsement stating that Haemodialysis is not available in a Service/Empanelled hospital in the Stn. Non availability of Haemodialysis in empanelled hosp be examined with ref to provision of Para 97 above.
- (b) Bills are to be processed for a period of one month at a time.
- (c) The maximum amount admissible will be as per CGHS Package applicable in the area or the amount claimed, whichever is less.

Reimbursement of AIIMS bills will be processed as per AIIMS rates only (Auth : Central Organisation letter No B/49773/AG/ECHS/Rates dt 16 Sep 2011)

93. In case any claim preferred by an ECHS member is not recommended, it will not be rejected from any intermediate functionary due to any reason, whatsoever. Claim would be forwarded to central organization, ECHS along with detailed reasons for rejection. **(Auth : Central Organisation ECHS letter No B/49774/AG/ECHS/Policy dt 01 Dec 2008).**

94. **Payment/reimbursement of Medical Expenses to Beneficiaries from two Sources i.e. Insurance Agencies and from the ECHS [Auth : Cent Org letter No B/49779/AG/ECHS dt 27 Jan 2010],** Refer Ministry of Health and Family Welfare OM No S11011/4/2003- CGHS (P) date 19th Feb 2009)

95. The guidelines mentioned in the memorandum above will be followed for the reimbursement of medical claim to beneficiaries from two sources i.e. insurance agencies and the ECHS.

96. Emergency treatment will be permissible in any station where the emergency occurs. Emergency Information Report (EIR) will be generated from there.

97. In case where it is not possible for ECHS member to submit claim at his Parent Polyclinic due to exceptional circumstances, the claim may be accepted at the Polyclinic of Station where treated, subject to approval of the Station Commander of that Station (**Auth: B/49773/AG/ECHS date 31 Aug 2006**).

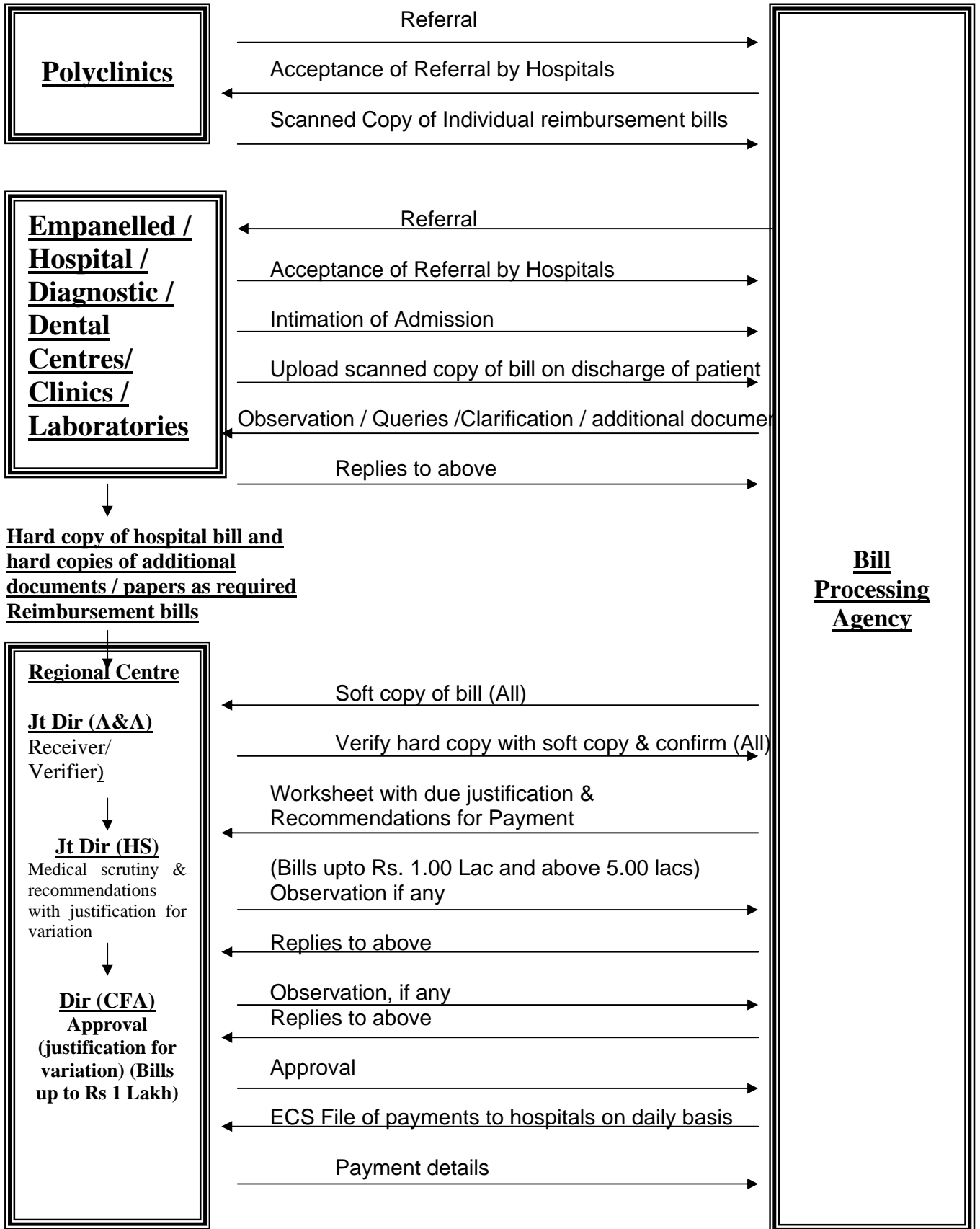
Reimbursement Of Medical Bills Of Out Station ECHS Members For Treatment In Delhi

98. A large, number of outstation members come to Delhi to avail medical treatment as good facilities are available here. All such outstation patients are required to report to ECHS Polyclinic at Base Hospital, Delhi Cantt for further referral to Service/Empanelled Hospitals.

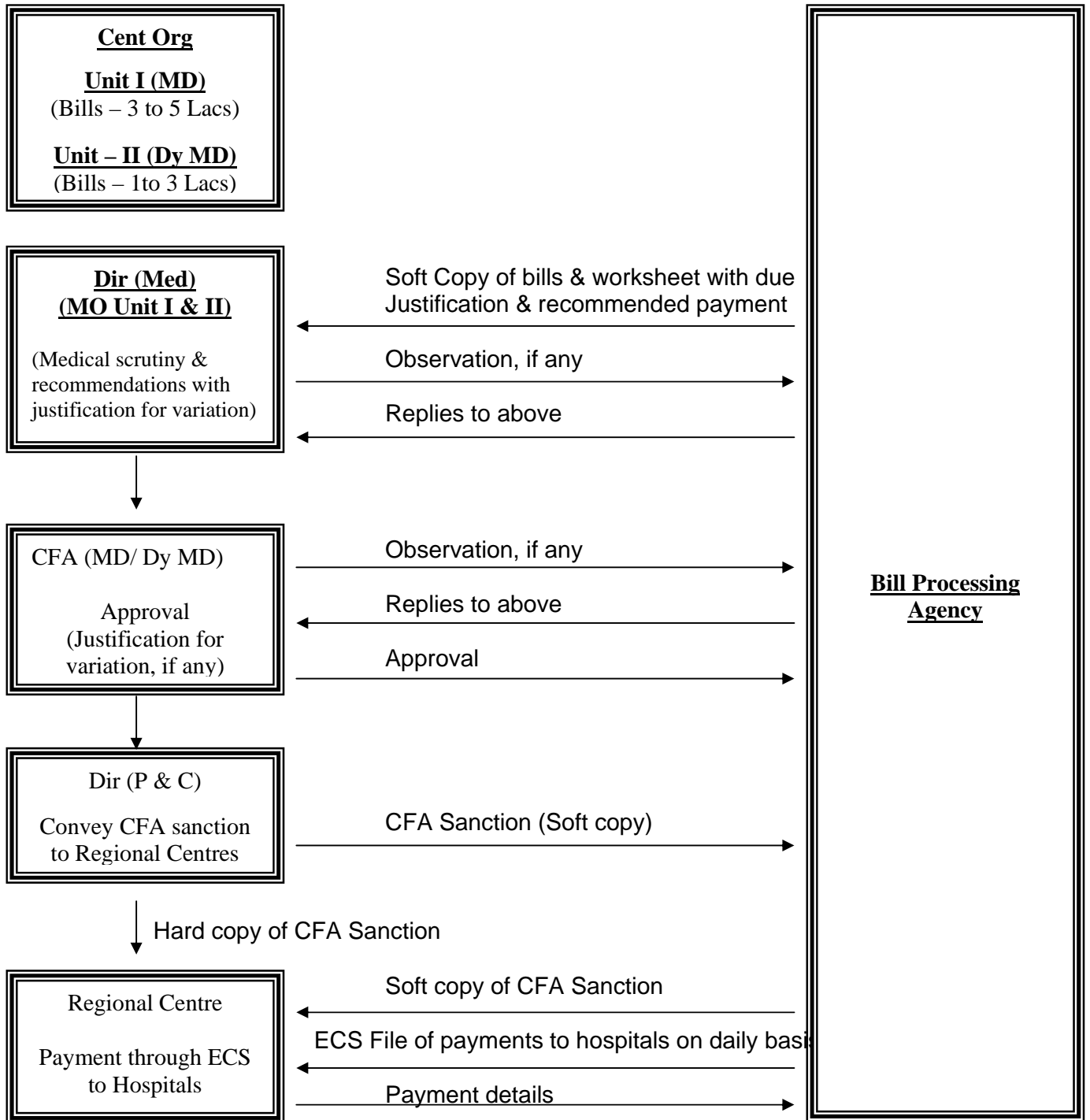
On Line Billing Process

99. On line billing process is now in vogue for cases admitted / diagnosed and treated at empanelled hospitals / facilities with effect from 01 Apr 2012. The procedure is depicted in detail in flow diagram shown as under:

ON-LINE BILL PROCESSING IN ECHS (LESS THAN 5 LACS)



ON-LINE BILL PROCESSING IN ECHS



100. The following essential actions will be taken for facilitating the billing process:

(a) Authentication of Billing documents prior to uploading for on line processing: The documents not prepared on hospital letter head will be compulsorily authenticated by the concerned authority of the hospital .However, following documents shall be signed with seal of the hospital/authority concerned along with countersignature of the OI/C Polyclinic concerned:-

(i) Emergency certificate.

(ii) Discharge summary will be signed by the treating doctor alongwith countersignature of OI/C polyclinic.

(b) All bills by the accounts officer along with countersignature of OI/C polyclinic.

101. BILLS above 5 lakhs after processing will be sent by the Regional Centre to Central Organization ECHS along with worksheets of BPA and recommendations of Regional centers for further submission to MoD for sanction.

Work Sheet

102. Work sheet of physical bills above Rs 5 lakhs duly completed and signed by the bill processor of BPA to be attached with the bill. The digital signatures of the bill processor along with date should be affixed on the worksheet.

(a) Reasons for disallowances to be clearly mentioned in the work sheet

(b) Rates, Code No, duration and reasons in detail for allowance/disallowance to be mentioned in remark columns of worksheet (A Format of Work Sheet is attached).

(c) Hospital must provide the indoor case papers to the ECHS BPA as and when required.

103. **Bill Verification** Check for detailed bills and final bill along with all the documents attached.

ISSUE OF MEDICAL EQPT/ MECHANICAL AND ELECTRONIC AIDS PRESCRIBED FOR THE ECHS MEMBERS

104. Medical equipments / Mechanical and Electronic aids prescribed for the ECHS members will be dealt according to policy issued **vide Govt. of India Min. of Defence letter No. 24 (8)/03/US(WE)/D(Res) dated 19 Dec 2003 on the subject.** Specified medical equipment can be prescribed for ECHS members under conditions laid down in Paras 9 (b), (e), (g) and (l) of GOI policy letter dated 19 Dec 2003 mentioned above. The detailed guidelines for issue of such prescribed medical eqpt to ECHS members are given in the succeeding paragraphs :-

(a) **Hearing Aids** Hearing aids should be purchased only if recommended by Govt. ENT Specialist/Service Specialist on the basis of audiometric and audio logical assessment.

(b) Replacement of hearing aid shall be allowed after 5 years on the basis of condemnation certificate issued by a technical expert and approval of ENT Specialist. Maintenance and repair is the responsibility of the beneficiary.

(c) **Artificial Limbs/Appliances.** ECHS members can obtain Artificial limbs/appliances through Armed Forces Medical Service institutions or empanelled facilities, once referred to the facility by the Polyclinic. When referred to Service facilities, Artificial Limbs/Appliance for ECHS members will be fitted at Artificial Limb Centre (ALC) Pune, or Artificial Limb Sub Centres in the AFMS hospitals. The Artificial limbs / appliances will be procured from ECHS funds sub allocated to ALC Pune and Service Hospitals by the Office of DGAFMS. When treatment is undertaken in civil empanelled facilities, CGHS rates will apply. Expenditure over and above the authorized CGHS rates, if any, will be borne by ECHS member. Payment will be made through the cash Assignment system by the Station Commander as per normal laid down procedures for payment to empanelled facilities.

(d) **Glucometers and Nebulizer.** Glucometers and Nebulizer will be issued to members, when use of such equipment is considered absolutely essential on medical grounds. The equipment will be supplied under following conditions:-

(i) **Glucometer:** ECHS members who are suffering from complications of Diabetes mellitus may be issued glucometers on specific recommendation of the Medical Specialist of the ECHS Polyclinic/Service Hospital/Empanelled Hospital.

(ii) **Nebulizers:** ECHS members who are patients of Bronchial Asthma or respiratory conditions requiring regular administration of inhalation therapy by nebulizer may be issued Nebulisers on the specific recommendation of Medical Specialist in the ECHS Polyclinic/Service Hospital / Empanelled facility.

(e) Approval by the Senior Advisor and Consultant in Medicine, under whose jurisdiction the ECHS Polyclinic is located, will be obtained for above items.

(f) The O I/C Polyclinic will thereafter initiate procurement action for the eqpt as per local purchase procedures. The following documents will be submitted to the Dir RC for this sanction, through the SEMO/SMO/PMO.

(i) A brief case summary and advice of the medical specialist of the Polyclinics/Service Hospital/Empanelled Hospital.

(ii) Recommendation of the Senior Adviser and Consultant

(iii) Quotation from vendors

(iv) Comparative Statement

(v) Comment from O I/C Polyclinic stating that the amount is within the prescribed CGHS rates.

(g) Payment for the item to the vendor will be made by cheque through the Cash Assignment by the Dir Regional centre. The item will be issued to the ECHS member and a receipt obtained. The receipt will be attached with the case file and preserved for audit purposes. Details of the issue will also be entered in the patient record in the Polyclinic computer and in his smart card

(h) The cost of maintenance of equipment will be borne by the ECHS member. Replacement of the equipment is only permitted after 5 years on production of condemnation certificate by the O I/C Polyclinic and recommendation for continuation of treatment by the Medical Specialist.

(j) **CIPAP/BIPAP Machines** When a CIPAP/BIPAP machine is recommended for any ECHS member by Specialist of a Service Hospital /Empanelled Hospital, a statement of case will be forwarded by the OI/C Polyclinic. The Statement of Case will include basic investigation report and Sleep Lab report of the Service Hospital/Empanelled Hospital. Recommendations of a Service Specialist and approval by the Senior Advisor and Consultant of the concerned specialty, under whose jurisdiction the Polyclinic is located will be obtained in all such chase. The O I/C Polyclinic will thereafter initiate procurement action for the eqpt as per local purchase procedures. The following documents will be submitted to the Station Commander for his sanction through the SEMO/SMO/PMO:

(i) A brief case summary, basic investigation reports, sleep lab report and advice of the medical specialist of the Service Hospital/ Empanelled Hospital.

(ii) Recommendation of Service Medical Specialist, Senior Adviser and Consultant.

(iii) Quotations from vendors

(iv) Comparative statement.

(v) Payment for CIPAP/BIPAP machines will be made by cheque to the vendor through the Cash Assignment by the Director Regional centre. Actual cost of CIPAP/BJPAP machines or CGHS rates, whichever is lesser, will apply. Expenditure over and above the authorized CGHS rate will be borne by the ECHS member. The CIPAP/BIPAP machine will be issued to the ECHS member and a receipt obtained. The receipt will be attached with the case file and preserved for audit purposes. Details of the issue will also be entered in the patient's record in the Polyclinic computer and or his smart card.

(vi) The cost of upkeep and maintenance of the CIPAP/BIPAP machines will be borne by the ECHS member

(vii) A CIPAP/BIPAP machine will only by issued once in a life time to the member.

(k) **Spectacles:** Cases requiring spectacles will be dealt as under:-

(i) Spectacles will not be provided under ECHS system except post operatively in case of conventional operation of cataract.

(ii) Cost of spectacles in such cases will be limited to **Rs 200/-** only.

(iii) In all such cases the patient will submit the bills for reimbursement towards cost of spectacles to the O I/C Polyclinic who will forward it to the SEMO/SMO/PMO giving date of conventional cataract surgery and on recommendation by the Medical Officer of the Polyclinic or Eye Specialist of Service/Empanelled Hospital.

(iv) The payment will be made by the Director Regional centre from his Cash Assignment.

(iv) Records of the patient will be updated after the payment is completed. Replacement of Spectacles will be admissible once in three years on the advice of the Medical Officers of the Polyclinic or empanelled Consultant

(l) **Other Medical Equipment For Domiciliary Use** No other equipment is authorized for issue to ECHS members at present. Other Medical Equipment, as and when included for issue to patients, will be intimated to all concerned (**Authority: Central Org. ECHS letter No.B/49770/AG/ECHS/Hearing Aid 27 Jul 2005**)

105. **Ambulance charges: No ambulance charges are admissible.**

106. **Traveling allowance:** The following procedure will govern the movement of patient to referred clinics:-

(a) Traveling 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.

(b) One attendant or escort who is required to travel along with the patient will also be entitled to travelling allowance if the Medical Officer attending the patient certifies 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.

(c) The claim for reimbursement of traveling expenses will be submitted to the Officer-in-charge Polyclinic with the following documents: -

- (i) Application from ECHS members.
- (ii) Photocopy of Smart Card/ ECHS registration slip
- (iii) Referral No. of the polyclinic
- (iv) Name of place and hospital referred to
- (v) Contingent bill
- (vi) Tickets of the patient and attendant (if applicable)

107. **Dental Treatment:** Dental treatment including referral 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.

Appendix `A`
(Refer to Para 25 (a) of SOP).

LIST OF GENERAL SERVICE SPECIALITIES

Type of Speciality	Type of Speciality	Type of Speciality
General Medicine	General Surgery	Obstetrics and Gynaecology
ENT	Ophthalmology	Paediatrics
Emergency Service	Psychiatry	Dermatology
Dental	Anaesthesia	Pathology
Microbiology	Blood Bank (Blood Transfusion)	Radio diagnosis

Appendix `B`
(Refer to Para 25 (b) of SOP).

LIST OF GENERAL SERVICE SPECIALITIES

Specialised Services	Specialised Services	Specialised Services
Surgery	Medicine	Obstetrics and Gynaecology
Neuro Surgery	Neuro Medicine	Gynaecological Oncology
Plastic and Reconstructive Surgery	Cardiology	Infertility and assisted reproduction
Cardio Thoracic Surgery	Respiratory Disease	Gynaecological Endocrinology
Vascular Surgery	Gastro enterology	Materno foetal Medicine
Genito Urinary Surgery	Endocrinology	
Paediatric Surgery	Nephrology	Paediatrics
Oncology (Surgery)	Rheumatology	Neonatology
Gastro Intestinal Surgery	Clinical Haematology	Cardiology
Traumatology	Clinical Immunology	Neurology
Joint Replacement Surgery	Oncology (Medical)	Haematology
Spinal Surgery	Critical care medicine	Nephrology
Prosthetic Surgery	Interventional Cardiology	Oncology
Laparoscopic Surgery	Medical Genetics	
Endovascular Surgery	Geriatric Medicine	
Geriatric Surgery	Radiotherapy	Pathology
		Onco Pathology
	Radio Diagnosis & Imaging	Molecular Pathology
	CT Scan	Transplant Pathology
	MRI	AIDS & Virology
	Interventional and Vascular Radiology	Molecular Immuno Pathology
		Genetic Pathology
		Transfusion Medicine

**Appendix `C`
(Refer to Para 27 (c) of SOP).**

FACILITY AVAILABILITY IN SERVICE HOSPITALS

NAME OF POLYCLINIC : _____

NAME OF HOSPITAL : _____

A GENERAL SERVICES

Type of Speciality		Type of Speciality		Type of Speciality
General Medicine		General Gurgery		Obstetrics and Gynaecology
ENT		Ophthalmology		Paediatrics
		Psychiatry		Dermatology
Dental				Pathology
Orthopaedics		Blood Bank (Blood transfusion)		Radio diagnosis

B. SPECIALISED SERVICES

Specialised Services		Specialised Services		Specialised Services
Neuro Surgery		Neuro Medicine		Gynaecology Oncology
Plastic and Reconstructive Surgery		Cardiology (Consultation and diagnostics)		Infertility and assisted reproduction
Cardio Thracic Surgery		Interventional Cardiology		
Vascular Surgery		Gastro enterology		
Genito Urinary Surgery		Endocrinology		Paediatrics
Paediatric Surgery		Nephrology		Neonatology
Oncology (Surgery)		Rhematology		
Gastro Intestinal Surgery		Clinical Haematology		
Traumatology		Clinical Immunology		
Joint Replacement Surgery		Oncology (Medical)		
Prosthetic Surgery		Respiratory Diseases		
Laparoscopic Surgery		Radiotherapy		
Geriatric Surgery		Nuclear Medicine		Pathology
Radio Diagnosis & Imaging		Dental		<u>Onco Pathology</u>
				<u>Transfusion Medicine</u>
				Other Specify
CT Scan		Orthodontia		
MRI		Prosthodontia		
Interventional and Vascular Radiology		Oral Surgery		
		Other		

Dated :

(Signature of CO/Codt)
Hospital/Designated Offr)

Note : PLEASE MARK AGAINST SPECIALITIES FOR WHICH ECHS PATIENTS CAN BE REFERRED.

PLEASE MARK AGAINST SPECIALITIES FOR WHICH SPARE CAPACITY IS NOT AVAILABLE.