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Government of India
Ministry of Communications & I.T.
Department of Telecommunications
(G-II Section)

Sanchar Bhavan, New Delhi.
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CIRCULAR

It has been observed that CGHS beneficiaries of this Department, due to unawareness, are sometimes not able to follow the prescribed procedures regarding their/their family member's treatment. As a result of such deficiencies, the processing of the claims not only gets delayed but at times they are liable to be rejected also. The relevant details pertaining to the procedures to be followed are reiterated below for information and compliance:

1-OPD Treatment

- a) OPD treatment at Private Recognized Hospital is not allowed in respect of the beneficiaries residing in Delhi. Such treatment in all cases must be taken from the concerned CGHS dispensary/Govt. Hospital. However, beneficiaries residing in satellite towns of Delhi (Noida, Ghaziabad, Faribadad, Gurgaon) are allowed OPD treatment in Private Recognized Hospitals on the recommendation of CMOI/C of the concerned CGHS dispensary and after **prior permission of the Deptt.**
- b) Medicines prescribed during OPD should be obtained from the concerned CGHS dispensary. **Such OPD medicines purchased directly from open market are not reimbursable.**
- c) The beneficiary will have the option of availing the diagnostic test(s) recommended by Specialist of CGHS/Govt. Hospital/CMO I/C of CGHS Dispensary at any CGHS recognized Hospital/diagnostic centers of his/her own choice with the **prior permission of the Department.**

2-Indoor Treatment

- a) **Non-emergency cases:**
The beneficiary will have the option of availing specialized treatment at CGHS recognized Hospital of his/her own choice after the Specialist of CGHS/Govt. Hospital/CMO I/C of CGHS Dispensary recommends the treatment with the **prior permission of the Department.**
- b) **Emergency cases:**
Under conditions of emergency (list enclosed), the beneficiary may use his/her discretion for taking treatment in a private hospital/clinic/nursing home **in case no Government or recognized hospital is available nearer than the private hospital.**

.....contd 2.

- c) Test(s) prescribed during indoor treatment can be had either from the hospital itself or preferably from any of the recognized centers without any further permission of the Department. The prescribed medicines similarly, can be procured from open market. However, the reimbursement in this regard will be made either as part of the package deal or if non-existent as per approved rates or actual whichever is less.
- d) **Follow-up Treatment**
CGHS beneficiaries (residing in Delhi) will be eligible for follow-up treatment relating to **Neuro Surgery, Cardic Surgery, Cancer Surgery, Kidney Transplantation, Hip/Knee replacement Surgery and Accident cases** only in the same Institutions/Hospitals where the treatment was earlier carried out **with prior permission of Department**. However, beneficiaries residing in satellite towns of Delhi can take follow-up treatment in all cases on recommendation of CMO I/C of CGHS Dispensary and with the **prior permission of the Department**.

4-Time Limit for submission of medical claims

*Test and treatment taken in normal condition : **3 months** (after the date of discharge from the hospital or from the date on which test is performed).

*Treatment taken in emergency : **1 month** (after the date of discharge)


(S.E. Rizwi)
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Copy to:

1. PS to Hon'ble MOC&IT/MOS(C&IT)
2. PPS to Secy(T)/Members/Advisors/ Addl. Secy(T) of Telecom. Commission.
3. All Sr. DDsG/DDsG/JS(T)/JS(A)/Directors/ADsG, DoT.
4. Wireless Advisor.
5. All Section Offices/Units. They are requested to inform all the staff members of their Sections.
6. Notice Boards, Sanchar Bhavan, Dak Bhavan.

Treatment in Emergency :-

In continuation of the Provisions for taking treatment in Emergency given at Page 67 and 68 of Chapter - 20, (Section - I) of the Manual, the CGHS beneficiaries may take note that the Ministry of Health and Family Welfare have formally laid down the conditions of Emergency as under :-

a. Acute Coronary Syndromes (Coronary Artery By-pass Graft / Percutaneous Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias Paroxysmal Supra Ventricular Tachicardia, Cardiac Tamponade, Acute left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam attack, Acute Aortic Dissection.

b. Acute Limb Ischemia, Rupture of Aneurism, Medical and Surgical shock and peripheral circulatory failure.

c. Cerebro Vascular Accident-Stroke, Sudden unconsciousness, Head injury, Respiratory failure decompensated lung disease, Cerebro Meningeal Infections, Convulsions Acute Paralysis, Acute Visual loss.

d. Acute Abdomen.

e. Road Traffic Accidents / With injuries including fall.

f. Acute Poisoning.

g. Acute Renal Failure.

h. Acute abdomen in female including acute Obstetrical and Gynaecological emergencies.

i. Heat Stroke.