Medical Care for ECHS Beneficiaries in Remote/Hilly Areas

1. Ref this organization letter No B/49774-P/AG/ECHS/Referral dt 25 Apr 07.

2. The following amendments are hereby made at Para 2 of letter under reference:

(a) **For**
   Applicable for residents of following states only:
   (i) Himachal Pradesh.
   (ii) Uttarakhand.
   (iii) North Eastern States of Sikkim, Arunachal Pradesh, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).
   (iv) West Bengal: District - Darjeeling only.
   (v) Karnataka: District - Chikmagalur and Kodagu only.
   (vi) Tamil Nadu: District - Nilgiris only.
   (vii) Chhattisgarh: District - Bastar and Dantewada only.
   (viii) Orissa: District – Koraput and Mayurbhanj only.

(b) **Read**
   Applicable for residents of following states only:
   (i) Himachal Pradesh.
   (ii) Uttarakhand.
   (iii) North Eastern States of Sikkim, Arunachal Pradesh, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).
   (iv) West Bengal: District - Darjeeling only.
   (v) Karnataka: District - Chikmagalur and Kodagu only.
   (vi) Tamil Nadu: District - Nilgiris only.
   (vii) Chhattisgarh: District - Bastar and Dantewada only.
   (viii) Orissa: District - Koraput and Mayurbhanj only.
   (ix) Madhya Pradesh: District - Hoshangabad only.

(Vijay Anand)
Col
Dir (Med)
for Ofg MD

-2/-
Copy to:

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)
DGMS (Air Force)

{ All Regional Centres
All HQ Area/Sub Area

UTI-ITSL
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560 008

Internal
(Ops & Coord) Sec
Claim Sec
Stats & Automation Sec

- for info please.

- for info.

for uploading the letter on ECHS website along with our letter of even No dt 05 Apr 07.
MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Representations have been received from the environment that ECHS beneficiaries residing in remote/hilly areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to distance/terrain.

2. It has been decided that ECHS beneficiaries will henceforth be permitted to avail the facilities/services of nearest Govt Health Care Centres/ Primary Health Centre/ Govt Hospitals (deemed empanelled) without prior referral from the polyclinic subject to the following conditions :-

(a) Distance from nearest polyclinic should be more than 50 Kms.

(b) Applicable for residents of following states only :-

(i) Jammu & Kashmir.
(ii) Himachal Pradesh.
(iii) Uttaranchal.
(iv) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura and Nagaland.
(v) West Bengal : District Darjiling only.
(vi) Karnataka : District – Chikmagalur, Kodagu only.
(vii) Tamilnadu : District – Nilgris only.
(viii) Chhattisgarh : District – Bastar and Dantewara only.
(ix) Orissa : District – Koraput only.

(c) Treatment permitted for maximum period of 07 days.

3. Parent Polyclinic will be notified of such treatment undertaken at the earliest (within two working days). Info can be sent by person/telephone/mail/fax/telegram. Parent polyclinic will generate a referral immediately on receipt of information and attach the same with the claim when received. Claims for reimbursement of expenditure incurred should be submitted to Parent Polyclinic within one month of completion of treatment. The claim will include the following:- 
(a) Application of claim by the member. Summary of case including diagnosis and outcome/ further advise by treating doctor/hospital to be enclosed.

(b) Photocopy of ECHS Smart Card/Regn Slip.

(c) Prescription/Clinical notes of treating doctor.

(d) Bills of medicines/investigation/treatment procedure in original duly authenticated by treating doctor/hospital, alongwith a photocopy. In cases of treatment in Govt Hospitals, consultation is normally free. Bills, therefore, would pertain to medicines and treatment/investigation charges only, as applicable.

4. The bills will be processed by Parent Polyclinic as per procedure laid down vide this HQ letter No B/49773/AG/ECHS dated 25 May 04 read in conjunction with this HQ letter No B/49773/AG/ECHS/R dt 28 Oct 04 for treatment in Govt Hospital, and payment made through cash assignment of local Station Headquarters. Sanction of Central organisation ECHS is not required.

5. In cases of Emergency, patients can get admitted to any hospital. Emergency bills will continue to be processed as per existing instructions. Similarly in cases where further treatment is advised by local Govt Hosp, and/or major treatment procedure is required, patient will be referred to suitable Service/Empanelled Hospital through Parent Polyclinic as per existing procedure.

(RK Kalra)
Maj Gen
MD ECHS

Copy to:

DGAFMS/DG-3A
DGMS (Army)/DGMS 5 (B)
DGMS (Navy)
DGMS (Air Force)

} - for info please.

All HQ Area/Sub Area
All Regional Centres

} - Please disseminate the above contents to all polyclinics under jurisdiction.
Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS/2015
19 May 15

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)

FACILITIES FOR ANTI CANCER TREATMENT

1. Ref following letters:-
   (a) Central org ECHS letter No B/49773/AG/ECHS dt 10 Jan 05.
   (b) CGHS OM No 1-1/13/Hospital Cell/R&H/CGHS (Pt.I)/CGHS (P) dt 23 Feb 15.

2. ECHS beneficiaries shall be permitted to get themselves treated at any of the
   undermentioned 27 (Twenty Seven) hospitals funded by the Govt of India:-
   (a) Andhra Pradesh – M.N.J Institute of Oncology & Regional Cancer Centre,
       Hyderabad.
   (b) Assam – Dr.B. Borooah Cancer Institute, Guwahati.
   (c) Bihar-Indira Gandhi Institute of Medical Science, Patna.
   (d) Chandigarh-Post Graduate Institute Medical Education & Research,
       Chandigarh.
   (e) Chhattisgarh-Pt.J.J.N Medical College & Dr. B.R. Ambedkar Memorial
       Hospital, Raipur.
   (f) Delhi- Dr B.R. Ambedkar Institute Rotary Cancer Hospital, AIIMS, New Delhi.
   (g) Gujarat- Gujarat Cancer Research Institute, Ahmedabad, Gujarat.
   (h) Haryana- Post Graduate Institute of Medical Sciences, Rohtak.
   (i) Himachal Pradesh-Indira Gandhi Medical College, Shimla.
   (k) Jammu & Kashmir-Kashmir Institute of Medical Sciences, Srinagar.
   (m) Karnataka-Kidwai Memorial Institute of Oncology, Bangalore.
   (n) Kerala-Regional Cancer Centre, Thiruvananthapuram.
   (o) Madhya Pradesh- Cancer Hospital & Research Institute, Gwalior.
   (p) Maharashtra-Rashtrasant Tukdoji Regional Cancer Hospital & Research
       Centre, Nagpur.
   (q) Maharashtra-Tata Memorial Hospital, Mumbai.
   (r) Manipur- Regional Institute of Medical Sciences, Imphal.
   (s) Mizoram- Civil Hospital, Aizwal.
   (t) Odisha- Acharya Harihar Regional Cancer Centre, Cuttack.
   (u) Puducherry-Jawaharlal Institute of Postgraduate Medical Education &
       Research.
(v) Rajasthan- Acharya Tulsi Regional Cancer Treatment & Research Institute, Bikaner.
(w) Tamil Nadu- Govt. Arignar Anna Memorial Cancer Research Institute & Hospital, Kancheepuram.
(x) Tamil Nadu – Cancer Institute (WIA), Adyar, Chennai.
(y) Tripura- Civil Hospital, Agartala.
(z) Uttar Pradesh – Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow.
(aa) Uttar Pradesh- Kamla Nehru Memorial Hospital, Allahabad.
(ab) West Bengal-Chittaranjan National Cancer Institute, Kolkata.

3. The reimbursement will be as per the rates fixed in the cancer centre/CGHS rates whichever is lower Tata Memorial Hospital rates 2012 as intimated would apply for onco surgery.

4. Follow up treatment from the same centre where permission has been granted earlier for cancer treatment is permissible.

5. Facilities for drawing of medical advance as per laid down procedure will also be available for treatment at these Centres.

(Vijay Anand)
Col
Dir (Med)
for MD

Copy to :-
DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7)
All Regional Centres
UTI-ITSL
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560 008

Internal
(Ops & Coord) Sec
Claim Sec
Stats & Automation Sec

- for info.
- for info.
- for uploading the letter on ECHS website.
GUIDELINES AND CEILING RATES OF LIVER TRANSPLANT SURGERY IN RESPECT OF ECHS BENEFICIARIES

1. Central Org. ECHS has been receiving requests from its beneficiaries seeking approvals for Liver Transplant Surgery, both for themselves and their dependents.

2. MOHFW has issued guidelines and ceiling rates for permission / reimbursement for Liver Transplant Surgery vide their Office Memorandum No. F. No. S-14025/3/2010-MS/CGHS (P) dated 16 Jan 2013. Similar guidelines are being issued on the subject for ECHS beneficiaries as per details given below:-

(a) Selection Criteria.

Indications: Adult Liver Disease

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Cause</th>
<th>Clinical Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute liver failure</td>
<td>Non-Paracetamol (Viral, drug; induced, Wilson’s, Autoimmune hepatitis etc.)</td>
<td>Prothrombin time &gt;100 sec or 3 of 5: Interval jaundice-encephalopathy &gt; 7 days Age&lt;10 or &gt;40 Years Prothrombin time &gt; 50 sec./INR&gt; 3.5 Bilirubin &gt; 30 umol/l Cause non-viral or unknown</td>
</tr>
</tbody>
</table>
| Chronic Liver Disease | Paracetamol induced - | Arterial pH < 7.30 or all 3 criteria  
Encephalopathy grade III or IV  
Prothrombin time > 100 sec./INR > 6.5  
Creatinine > 300 umol/l |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis (non Cholestatic)</td>
<td>Child-Pugh score ≥ 10 or MELD Score &gt; 14</td>
<td></td>
</tr>
<tr>
<td>Cholestatic with or without Cirrhosis</td>
<td>According to American criteria based on MELD scoring</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Case to case basis</td>
<td></td>
</tr>
</tbody>
</table>
| Liver Tumors | Hepatocellular Carcinoma | Single Tumor < 6.5 cm or Two Tumors ≥ 4.5 cm  
No Vascular invasion  
No distant Metastasis |
| Other types | Case to case basis |

(b) **Pediatric Liver Diseases – EHBA and Metabolic Liver Disease to be Decided on Case to Case Basis.**

**Contraindications**

| Absolute | Systemic extra hepatic infections  
Extra hepatic malignancy (if not definitely cured)  
Irreversible brain damage  
Irreversible multi-organ failure  
Substance abuse (if not abstinent for > 6 months) |
| Relative | HIV seropositivity  
Age > 65 years  
Mental incapacity  
Extra hepatic disease limiting the chance of survival  
Residency outside India unless emergency |

(c) **Type of Transplants Permitted for Reimbursement.**

(i) Cadaveric donor.

(ii) Live donor.

(aa) Related (Near Relatives)

(ab) Unrelated (only after approval by Authorization Committee)

(d) **Centres Approved for Liver Transplantations Surgery**

Liver Transplant Surgery shall be allowed only in Government Hospitals/Private Hospitals, which are registered under the Transplantation of Human Organs Act, 1994, as amended from time to time.
(e) **Permission Ex Post Facto approval for Liver Transplantation Surgery**
Liver Transplant Surgery will be permitted only after the request has been approved and recommended by a Standing Committee, comprising of the following:

<table>
<thead>
<tr>
<th>(aa)</th>
<th>MD, ECHS</th>
<th>Chairman</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ab)</td>
<td>HOD Deptt of Gastroenterology, Army Hospital (R&amp;R)</td>
<td>Member</td>
</tr>
<tr>
<td>(ac)</td>
<td>HOD Deptt of GI Surgery (Army Hospital (R&amp;R)</td>
<td>Member</td>
</tr>
<tr>
<td>(ad)</td>
<td>Dir (Med), ECHS</td>
<td>Member Secretary</td>
</tr>
</tbody>
</table>

(f) **Documents Required to be Submitted for Consideration of Reimbursement/Permission.**

- (i) Personal Application from ECHS beneficiary.
- (ii) Photocopy of ECHS Card authenticated by OIC Polyclinic.
- (iii) Medical Case Sheet with recommendation for Liver Transplant Surgery by Service GI Surgeon or Gastroenterologist/GI Surgeon of empanelled hospital who is to do the Liver Transplant Surgery.
- (iv) CT/MRI Liver Report
- (v) Etiology evaluation Report
- (vi) Histopathological Report, wherever available
- (vii) Current Child Pugh/MELD Score Report
- (viii) Medical Case Sheet from the Govt./Private Hospital where the ESM wants to undergo the Liver Transplant Surgery.
- (x) Other relevant documents.

(g) **Reimbursement Criteria.** As liver Transplant Surgery is a planned surgery, prior permission of the standing committee has to be obtained before the surgery is undertaken.

(h) **Submission of Application.** ECHS beneficiaries will submit their request for permission for Liver Transplant to their respective Polyclinics and through the Regional Centres concerned, the case will be forwarded to Central Org, ECHS for submission before the Standing Committee for consideration and approval. Polyclinics and Regional Centres will forward the application to the next higher echelon after checking that the documentation is complete in all respects.
Ceiling Rates for Reimbursement for Liver Transplant Surgery

(i) The package for Liver Transplantation surgery involving Live Liver donor is Rs. 11,50,00/- (Rupees Eleven Lakh fifty thousand only) + Rs. 2,50,000/- (Two lakh fifty thousand only) for Pre-transplant evaluation of donor and recipient.

(ii) The package rate for Liver Transplant Surgery involving a deceased donor is Rs. 11,00,000/- (Rupees Eleven Lakh only). This includes, the cost of consumable during the organ retrieval and the cost of preservative solution etc.

(iii) **Package Charges will Incl the Following :-**

(aa) 30 days hospital stay of the recipient and 15 days for the donor starting one day prior to the Transplant surgery.

(ab) Charges for medical and surgical consumables, surgical and Procedure charges, Operation Theater charges, Anesthesia charges, Pharmacy, Investigations and in house doctor consultation for both donor and recipient during the above period. This also includes all post operative investigations and procedures during the above mentioned period.

(iv) **The Package Excludes the Following:-**

(aa) Charges for drugs like Basiliximabi/Daclizumab, HBIG and peg Interferon.

(ab) Cross Matching charges for Blood and Blood products.

**Note:-**

(a) The extra stay if any may be reimbursed after justification by the treating specialists for the reason of additional stay and only as per CGHS guidelines.

(b) The drugs mentioned above would be reimbursed as per CGHS rates or actual, whichever is lower.
This directive on Liver Transplant Surgery shall come into effect from the date of issue of this letter.

(Mohan Singh)
Col
Jt Dir (Med)
for MD

Copy to:-
DGAFMS (DG-3A)
DGMS (Army) (DGMS-5B)
DGMS (Navy), Naval HQs
DGMS (Air), Air HQ
Indian Cost Guards
All Regional Centre, ECHS

Internal
Ops & Coord Sec
P&C Sec
IT Sec
HoD Dept of Gastroenterology Army Hosp (R&R)
HoD Dept of GI Surgery Army Hosp (R&R)
To,

The Managing Director
Central Organisation
ECHS.

Subject: Procedure for payment and re-imbursement of Medical Expenses under ECHS: Processing of online bills by Bill Processing Agency (BPA)

Sir,

In partial modification of the Department of Ex-Servicemen Welfare letter of even number dated 24th December 2013, on the above subject, I am directed to convey sanction of the President to the following amendment:

For

(a) Director, Regional Centre ECHS - upto Rs. 3,00,000/-
(b) MD, ECHS - upto Rs. 10,00,000/-
(c) Joint Secretary, ESW - upto Rs. 25,00,000/-
(d) Secretary, ESW - above Rs. 25,00,000/-

Read

(a) Director, Regional Centre ECHS - upto Rs. 3,00,000/-
(b) Dy MD, ECHS - upto Rs. 5,00,000/-
(c) MD, ECHS - upto 10,00,000/-
(d) Joint Secretary, ESW - upto Rs. 25,00,000/-
(e) Secretary, ESW - above Rs. 25,00,000/-

2. The powers delegated within the ministry (bills above Rs 10 lakhs) will be exercised in consultation with MoD (Finance).

3. This issues with the concurrence of MoD (Finance) vide their ID No.PC 1/33(07)/2011/Fin/Pen dated 4th July, 2014.

Yours faithfully

(HK Mallick)
Under Secretary to Govt. of India

Copy to:-

1. PPS to Secretary, ESW
2. PS to JS(ESW)
3. CGDA, New Delhi
4. DFA(Fin./Pen.)

Copy Signed in ink to: All PCsDA/CsDA