

Tele: 25683476

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

B/49762/AG/ECHS dated 19 Feb 2026

UTI-ITSL (BPA)

Email Id:- echsbpa@utiltsl.com

AMA ECHS, Embassy of India, Nepal

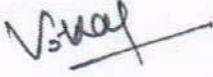
All Regional Centres

ADVISORY: PROVISION OF ANTI-CANCER MEDICINES IN ECHS

1. Please refer the following:-
 - 1.1. Govt of India, Ministry of Defence, DoESW letter No 22(16)/2025-D(WE)/Res-I dated 05 Dec 2025 (copy attached).
 - 1.2. Office Memorandum of Govt of India, Ministry of Health & Family Welfare F.No. 5-34/CGHS/HEC (HQ)/2025 dated 22 Dec 2025.
 - 1.3. CO ECHS letter No B/49769/AG/ECHS dated 15 Jan 2026.
 - 1.4. CO ECHS letter No B/49762/AG/ECHS dated 23 Jan 2026.
 - 1.5. CO ECHS letter No B/49762/AG/ECHS dated 11 Feb 2026.
2. It is intimated that in cases where empanelled HCOs upload the GST purchase invoice (from external vendor) on the ECHS portal, 100% of the invoice amount will be reimbursed, subject to verification.
3. In cases where HCOs submit the carton/outer pouch/vial reflecting batch number, manufacturing date, expiry date and MRP, reimbursement will be limited to 70% of the MRP as per extant policy.
4. As the Referral-cum-NA Certificate is presently not available on the ECHS online system, the handwritten NA Certificate from OIC ECHS Polyclinic will be acceptable for the claim processing in the interim. The Referral-cum-NA form will be uploaded on the ECHS system shortly.
5. The validity period of the NAC will be endorsed clearly by the OIC ECHS Polyclinic on the Referral-cum-NA form (copy enclosed). Validity should be given for minimum essential period, not more than three months.
6. The policy titled "Advisory – Provision of Anti-Cancer Medicines in ECHS" will be effective from **23 Jan 2026**. A one-time waiver is hereby granted for claims pertaining to the period **05 Dec 2025 to 22 Jan 2026**, if any NMI has been raised by BPA on account of this policy

Contd/-.....

7. The contents of this advisory may pl be disseminated to all concerned under your AoR for necessary compliance.
8. This has approval of MD, ECHS.



(Vikas Yadav)
Lt Col
Jt Dir (Med & Eqpt)
for MD ECHS

Copy to:-

Central Organisation ECHS (Claim Sec)
Central Organisation ECHS (S&A Sec)

- For your info please.
- It is requested to upload the referral-cum-NA form on ECHS system and publish this letter on ECHS website.

REFERRAL CUM NA : CANCER

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : _____

Category: Cashless Treatment

In case of Admission/Medical cover reused by Empanelled Facility then please contact		
OIC		
Jt Dir (HS)		
*****Note: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY, PREFIX NOT REQUIRED*****		

Referral Information

Referral No	:	
Claim ID	:	
Validity Upto	:	
Date of issue	:	
No of Session Allowed:		
Patient Type	:	

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Patient & ESM information

Name of Patient	:		Age	:	
Gender	:		Relationship with ESM	:	
UIDAI (Aadhar Number):			Advised by	:	
Rank	:		Category	:	
Service No	:		Card No	:	
ESM Name	:		Force Type	:	
ESM Contact Number	:		Email ID	:	

Clinical Findings

Blood Pressure (BP)	:	
Pulse	:	
Cardio Vascular System (CVS)	:	
Respiratory System (RS)	:	
Abdomen	:	
Central Nervous System (CNS)	:	

Provisional Diagnosis

Clinical Notes	:	
Admission	:	
Investigation	:	
Consultation for	:	

Referred To	Referred To any ECHS Empanelled Medical Facility located within the AoR of RC		
Attendant Reimbursement		Travel Reimbursement	
Anit-Cancer Drugs	1. Inj/Tab _____ (Name and dose of anti-cancer medicine) provided by ECHS.		
	2. Inj/Tab _____ (Name and dose of anti-cancer medicine) not provided by ECHS and it will be provided by ECHS Empanelled Hospital. (Valid for one/two/ three months)		

This Referral Form is Digitally Signed, Hence No ink Signature is required

Officer in Charge

Tele: 011-25683476
Mil: 2056

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

B/49762/AG/ECHS dated 11 Feb 2026

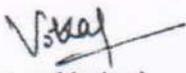
BPA (echsbpa@utiitsl.com)

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All Regional Centre ECHS

RE: ADVISORY: PROVISION OF ANTI-CANCER MEDICINE IN ECHS

1. Please refer to the following:-
 - 1.1. Refer the trail mail.
 - 1.2. CO ECHS letter No B/49762/AG/ECHS dated 23 Jan 2026.
2. Para wise replies are as under:-

S.No	Para	Reply
1	1. Kindly confirm the effective date of the policy. Additionally, please specify which guidelines are to be followed before the effective date.	The policy will be effective from 23 Jan 2026.
2	2. Cancer referrals are issued for a period of six months. Please clarify whether the same initial referral letter-cum-NA certificate will remain valid for the entire six months period with the specified chemotherapy drug details, or if a fresh referral-cum-NA certificate is required for each new admission.	Referral-cum-NA certificate will be valid for specified period and this period will be decided by OIC ECHS PC, based on period of non-availability of anticancer medicine, in concurrence with respective SEMO.
3	3. As per para 4 of the attached guidelines regarding Anti-Cancer Non-ECDL medicines for OPD patients, please confirm whether an NA certificate from SEMO alone is sufficient, or if sanction from MD ECHS is also required for reimbursement of individual bills.	Based on SEMO's NA cert (Appx A) beneficiary can purchase NA medicines from civil pharmacy for the duration / cycles mentioned in NA certificate. Sanction for reimbursement will be provided by competent authority CO ECHS.


(Vikas Yadav)
Lt Col
Jt Dir (Med & Eqpt)
for MD ECHS

Encls: As above.

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110 010

B/49762/AG/ECHS dt 09 Feb 2026

Department of ESW
IHQ of MoD

**PROVISION OF ANTI-CANCER MEDICINES IN ECHS:
IMPLEMENTATION OF POLICY**

1. Reference is invited to the following: -
 - 1.1. Govt of India, MoD (DoESW) letter No 22(16)/2025-D(W/E)/Res-I dated 05 Dec 2025.
 - 1.2. Draft ECHS MoA dated 17 Dec 2025.

2. **Revised Policy.** As per the guidelines mentioned above, ECHS is mandated to provide anti-cancer medicines. In case of non-availability through SEMO, empanelled hospitals are required to procure medicines from external vendors and submit GST purchase invoices. Further, reimbursement of hospitals has been restricted to 70% of MRP. However, during implementation of this policy, several operational difficulties have emerged, adversely affecting continuity of cancer treatment of ECHS beneficiaries.

Sequence of Events.

3. Initially, based on instructions contained in **Gol letter given at para 1.1** empanelled hospitals started refusing chemotherapy and immunotherapy treatment to ECHS beneficiaries citing the following reasons: -
 - 3.1. Hospitals expressed inability to provide GST invoices from external vendors, quoting the matter as confidential and commercially sensitive (confidentiality clause between hospitals and vendors).
 - 3.2. Hospitals raised apprehensions that if chemotherapy medicines are administered based on referral from ECHS Polyclinic, deductions are likely during claim processing and there is no clear mechanism to establish that medicines were not supplied by ECHS.
 - 3.3. On intervention by CO ECHS/ Regional Centres on a case-to-case basis, treatment was resumed by hospitals in certain cases; however, significant delays and treatment lapses were reported.
4. **SEMO Challenges.** In case of NA of cancer drugs with ECHS, SEMOs are supposed to provide NA certificate to the beneficiaries. However, following practical challenges are being observed: -

4.1. Obtaining NA Certificate from SEMO is difficult for non-military Polyclinics located at distant locations from SEMO establishments.

4.2. The process is time consuming and not feasible for time-sensitive chemotherapy and immunotherapy cycles.

4.3. SEMO procurement involves multiple procedural steps and is time consuming. Further, in Delhi NCR, it is challenging to maintain procurement and inventory control of anti-cancer medicines due to the high influx and migratory nature of cancer patients seeking treatment in the region.

5. **Hospital Concerns.** As per revised policy, cost of medicines procured by hospitals has been restricted to 70% of MRP. Towards this, several empanelled hospitals have completely stopped administering cancer treatment to ECHS beneficiaries stating fwg concerns: -

5.1. Reimbursement restricted to 70% of MRP makes procurement commercially unviable and results in financial loss to hospitals.

5.2. Hospitals reiterated inability to produce GST invoices from external vendors under existing procurement practices.

5.3. Hospitals have expressed concerns regarding storage, cold chain maintenance and medico-legal responsibility if medicines supplied through SEMO are administered and any adverse event occurs.

6. **Challenges.** Due to the above factors and continued impasse between ECHS & empanelled hospitals, many beneficiaries have missed scheduled chemotherapy and immunotherapy cycles. Anti-cancer treatment protocols are inherently time bound and interruption or delay in planned cycles can reduce treatment efficacy, increase risk of disease progression and compromise overall survival outcomes. Such disruptions may also necessitate alteration of treatment regimens and increase treatment-related morbidity. Also, any alteration to treatment will lead to increase financial loss to the exchequer. Similar challenges are being faced by CGHS too.

7. **Joint Meetings.** To deliberate and resolve the above issues, number of meetings with representatives of empanelled hospitals have been conducted at CO ECHS / Regional Centres. Hospitals have also been given firm instructions in writing to implement the policy and ensure no break in treatment cycles. MD & Dy MD ECHS have also held meeting with Dir CGHS to find a common solution to this problem.

8. **Recommendations.** In view of the above, following recommendations are submitted for consideration to resolve the issue comprehensively: -

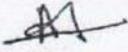
8.1. **Priority-Based Procurement Mechanism.** Anti-cancer medicines, especially high-value and frequently used drugs, need to be procured on priority through SEMO, thereby ensuring uniform availability of high-cost medicines. It is also appreciated that SEMOs will also require some viable time to tide over/ streamline the procurement process, involving various IFAs / surge in demand. CO ECHS has approached the O/c DGAFMS to ensure timely provisioning of drugs through SEMOs for effective implementation of this policy.

8.2. **Defined Responsibility Framework.** CO ECHS is also issuing clear guidelines regarding storage, handling and administration responsibility of anti- cancer medicines supplied through ECHS to address medico-legal apprehensions of empanelled hospitals.

8.3. Regular deliberations are being carried out with CGHS authorities by CO ECHS. As of now, it is recommended that hospitals are reimbursed 70% of MRP for cancer drugs. Any change in the policy by CGHS can be coopted in ECHS too at a later stage.

9. The matter is submitted for kind consideration as the issue directly impacts life-saving cancer treatment of ECHS beneficiaries and requires urgent policy-level intervention.

10. Submitted for favour of consideration and further directions please.


(AK Gupta)
Col
Dir (Med)
for MD ECHS



ASSOCIATION OF HEALTHCARE PROVIDERS (INDIA)

Educating & Advocating for Well Being of Common Man

February 4th, 2026

Major General SBK Singh,
Managing Director,
ECHS,
Thimayya Marg,
Delhi Cant.
Delhi

Sub: Note Regarding the pricing of Oncology Drugs by ECHS

Dear Sir,

AHPI is the leading association of hospitals and healthcare providers of India with over 30000 members hospitals. A large number of our member hospitals have written to us about the issues they are facing in providing high-end medical oncology drugs to ECHS beneficiaries because of some recent changes in the rules regarding reimbursements.

These drugs are mostly immunotherapy drugs and are research molecules, which are under patents from various international pharmaceutical companies.

As per the latest notifications issued by ECHS the hospitals are required to do any of the following to claim reimbursements for oncology drugs used for the treatment of advance cancers.

1. Submit a copy of their vendor purchase invoices for these medicines and the ECHS will reimburse them at those rates.

In case the hospitals are unable to do so.

2. The hospitals can ask the ECHS beneficiary to procure these medicines from the CGHS system and the hospitals will just administer the medicines and bill for the services provided.
3. Hospitals can bill ECHS on the MRP of these drugs, however the ECHS will pay the hospitals only 70% of the MRP value.

Sir, for many large hospitals/medium sized hospitals who buy these medicines in bulk quantities and through annual contracts, it is quite difficult to share purchase invoices. Also, these contracts strictly prohibit the hospitals, from revealing the contracted prices to third parties. In case the hospitals do so, the suppliers, which are multi-national pharmaceutical companies can initiate legal proceedings or stop the supply of these medicines.

Asking patients to bring these medicines is fraught with risk and is not in the best interest of the patients themselves. These medicines require careful handling, usually need a fool-proof cold chain for transfer and the patients must be able to prove their provenance. These are often very difficult for the patients to manage and hence the doctors too are hesitant in administering these medicines as the consequences can be life threatening.

905, New Delhi House, Barakhamba Road, New Delhi – 110001
Telephone: +91-11-43095694; Email: contact@ahpi.in; Website: www.ahpi.in



ASSOCIATION OF HEALTHCARE PROVIDERS (INDIA)

Educating & Advocating for Well Being of Common Man

Also, in many instances our member hospitals have noted that ECHS is unable to supply the medicines in a regular manner, and patients have often informed the hospitals about the difficulties in procuring the medicines in a timely manner. This leads to serious disruption in the treatment protocols and lead to sub-optimal treatment outcomes.

Thus, the hospitals are left with no choice but to submit invoices to the ECHS on the MRP of these drugs. The ECHS proposes to pay the hospitals only 70% of the MRP. Since, these drugs are very expensive patented medicines the hospitals do not have high margins (limited to only 10-15%) and are thus forced to pay out of pocket for each such infusion. Sir, it is quite impossible to sustain this.

We will be grateful, if you may kindly reconsider the decision regarding the reimbursement to the hospitals at 70% of the MRP. Instead, the ECHS may kindly consider reimbursing the hospitals on the MRP itself as has been the practice in the past.

I greatly look forward to your help in this matter and will be happy to meet you in person to discuss this further.

Yours sincerely,

Dr Girdhar Gyani,

Director General,

AHPI

Tele: 25683476

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

B/49762/AG/ECHS dated 23 Jan 2026

AMA ECHS, Embassy of India, Nepal
All Regional Centres

ADVISORY: PROVISION OF ANTI-CANCER MEDICINES IN ECHS

1. Please refer the following:-

1.1. Govt of India, Ministry of Defence, DoESW letter No 22(16)/2025-D(WE)/Res-I dated 05 Dec 2025 (copy attached).

1.2. Office Memorandum of Govt of India, Ministry of Health & Family Welfare F.No. 5-34/CGHS/HEC (HQ)/2025 dated 22 Dec 2025.

1.3. CO ECHS letter No B/49769/AG/ECHS dated 15 Jan 2026 (copy attached).

2. As per Para 3 of Annexure-II of letter ref mentioned at Para 1.1 above, ECHS will provide anti-cancer medicines whenever feasible. Accordingly, the parent ECHS Polyclinic will project the demand of prescribed anti-cancer medicines alongwith beneficiary details to the respective SEMO. In the event of non supply by ECHS, the empanelled HCO shall procure and administer the required medicines. In such instances HCO should either upload the purchase GST invoice (from external vendor) or shall submit the carton/outer pouch/vial reflecting batch no, manufacturing date, expiry date and MRP. Cost of such medicines shall be limited to 70% of MRP.

3. **Anti-Cancer ECDL medicines for OPD Patients** OIC Polyclinic will confirm stock availability from Polyclinic pharmacy and SEMO (if kept with SEMO) on telephone/email. If not available, NAC (Printed on prescription) will be issued by ECHS Polyclinic, against which, the beneficiary may procure the medicines from local pharmacy and claim reimbursement as per extant policy.

4. **Anti-Cancer Non ECDL medicines for OPD Patients** The respective SEMO will issue the NAC (if not available in stock) against the demand projected by ECHS Polyclinic with beneficiary details. Sanction for reimbursement will be issued by MD CO ECHS as per extant policy.

5. **Anti-Cancer ECDL Medicines for IPD/Day Care Patients** If prescribed anti-Cancer medicine is part of ECDL, OIC Polyclinic will confirm stock availability from Polyclinic pharmacy and SEMO on telephone/email, if not available, a 'Referral cum NA' will be issued by the ECHS Polyclinic with suitable remarks for "Anti-Cancer Drugs" as shown in sample referral form. The same will be submitted to the Emp HCO for continuation of treatment (Sample referral cum NA form attached).

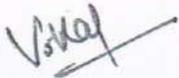
6. **Anti-Cancer Non ECDL Medicines for IPD/Day Care Patients** OIC ECHS Polyclinic will confirm the availability of prescribed anti-cancer medicine from SEMO on telephone/email. After confirmation of non availability from SEMO, OIC ECHS Polyclinic will issue referral cum NA with suitable remarks for submission to Emp HCO for continuation of treatment

Contd/-.....

6. OsIC Polyclinic will maintain record of email communication with respective SEMOs for which they have issued NAC/Referral from NA. Further, to ensure continuity of cancer care and optimal utilization of resources, OIC ECHS Polyclinics shall maintain an updated record of all patients under going cancer treatment, including complete details of prescribed anticancer medicines. Based on this data anticipated monthly medicine requirements shall be projected to the concerned SEMOs to ensure timely availability. Any change in patient numbers or treatment protocols shall be promptly communicated to the respective SEMOs for effective planning and resource optimization.

9. The contents of this advisory may pl be disseminated to all concerned under your AoR for necessary compliance.

10. This has approval of MD, ECHS.



(Vikas Yadav)
Lt Col
Jt Dir (Med & Eqpt)
for MD ECHS

Copy to:-

- Central Organisation ECHS (Claim Sec)
 - Central Organisation ECHS (C & L Sec)
 - Central Organisation ECHS (P & FP Sec)
 - Central Organisation ECHS (Ops & Coord Sec)
- } - For your info please
-
- Central Organisation ECHS (S&A Sec)
- It is requested to upload the same in ECHS Website.
-
- UTI-ITSL (BPA)
- Email Id:- echsbpa@utiltsl.com
- For your info please.
-
- MoD (OSD ESW)
 - MoD (JS ESW)
 - MoD (US ESW)
- } - For your info

REFERAL CUM NA : CANCER

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : _____

Category: Cashless Treatment

In case of Admission/Medical cover reused by Empanelled Facility then please contact		
OIC		
Jt Dir (HS)		
*****Note: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY, PREFIX NOT REQUIRED*****		

Referral Information

Referral No	:	
Claim ID	:	
Validity Upto	:	
Date of issue	:	
No of Session Allowed:		
Patient Type	:	

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Patient & ESM information

Name of Patient	:		Age	:	
Gender	:		Relationship with ESM	:	
UIDAI (Aadhar Number):			Advised by	:	
Rank	:		Category	:	
Service No	:		Card No	:	
ESM Name	:		Force Type	:	
ESM Contact Number	:		Email ID	:	

Clinical Findings

Blood Pressure (BP)	:	
Pulse	:	
Cardio Vascular System (CVS)	:	
Respiratory System (RS)	:	
Abdomen	:	
Central Nervous System (CNS)	:	

Provisional Diagnosis

Clinical Notes	:	
Admission	:	
Investigation	:	
Consultation for	:	

Referred To	Referred To any ECHS Empanelled Medical Facility located within the AoR of RC _____		
Attendant Reimbursement		Travel Reimbursement	
Anit-Cancer Drugs	1. Inj/Tab _____ (Name and dose of anti-cancer medicine) provided by ECHS. 2. Inj/Tab _____ (Name and dose of anti-cancer medicine) not provided by ECHS and it will be provided by ECHS Empanelled Hospital.		

This Referral Form is Digitally Signed, Hence No ink Signature is required

Officer in Charge

F.No.22(16)/2025-D(WE)/Res-I
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare

Room No 218, B-Wing
Sena Bhawan, New Delhi
Dated 05th December, 2025

To,

The Managing Director
Central Organisation ECHS
Thimayya Marg, Near Gopinath Circle, Delhi Cantt - 110010

Subject: Revised CGHS rates applicable for treatment at Healthcare Organisations of ECHS

In reference to subject above, and in supersession of all previous memoranda on the subject, the revised CGHS package rates as notified by MoHSFW vide OM No 5 16/CGHS(HQ)/HCC/2024(Part I) dated 03.10.2025 are hereby notified for ECHS.

1. Implementation of Revised CGHS rates for ECHS

These rates will be effective from 15.12.2025 and shall apply to:

- a) All healthcare services availed at ECHS empaneled Healthcare Organisations (HCOs).
- b) Medical Reimbursement Claims of individuals (in r/o Service pensioners and eligible ECHS beneficiaries).
- c) ECHS cashless treatment shall be extended to Service Pensioners and other eligible ECHS beneficiaries as per extant rules.

The revised rates as per **Annexure-I** are for the semiprivate ward entitlement, and are also available on the ECHS website: <https://echs.gov.in>.

In exceptional circumstances, where treatment has been availed from any non-empaneled private HCOs, reimbursement may be considered as per extant instructions, but the rate would be restricted to Non-NABH (National Accreditation Board for Hospital for Healthcare Providers) rates of the concerned city.



2. Structure of Differential Rates

Revised rates have been rationalised based on accreditation status, hospital type, city classification and ward entitlement:

- a) Non-NABH and Non-NABL HCOs: 15% lower than NABH/NABL accredited HCOs. (NABL - National Accreditation Board for Testing and Calibration of Laboratories)
- b) Rates for super speciality hospitals shall be 15% higher than those applicable to NABH-accredited hospitals for the corresponding Super specialities within the same city category.
- c) HCO located in Y (Tier II) cities and Z (Tier III) cities rates shall be 10% and 20% respectively lower than those located in X (Tier I) Cities. Y (Tier II) rates also apply to the HCO located in North-East region and Union Territories of Jammu & Kashmir and Ladakh.
- d) The new package rates mentioned in are for semi-private ward. For general ward there will be a decrease of 5% in the rates, and for the private ward entitlement, there will be an increase of 5% on the applicable admissible claim amount.
- e) Rates for consultations, radiotherapy, investigations, day care procedures, and minor procedures not requiring admission shall remain uniform, irrespective of the ward entitlement.
- f) For cancer surgeries, existing CGHS rules and rates continue in ECHS. However, revised rates apply to chemotherapy, investigations and radiotherapy.

3. Supporting Guidelines and Definitions

Key definitions and guidelines are provided in **Annexures II-VII**, including:

- a) CGHS Package Rate structure and inclusions.
- b) Description of Ward Categories.
- c) ICU and Nursing Care Charges.
- d) Equipment Charges.
- e) Admissible vs. Non-Admissible Items.
- f) Definition and Criteria for Super Speciality Hospitals.
- g) Relevant Office Memoranda issued by Govt of India, MoD/DoESW and Orders issued by Central Organization ECHS.

4. Renewal of MoA with Empanelled Hospitals

- a) All existing Memoranda of Agreement (MoAs) executed with private empanelled hospitals shall cease to be valid with effect from 15.12.2025 12 AM.
- b) All Health Care Organisations (HCOs) are required to seek renewal of

- b) All Health Care Organisations (HCOs) are required to seek renewal of empanelment through the online Hospital Empanelment Module.
- c) The revised MoAs must be executed afresh within 90 days from the date of implementation of the revised rates.
- d) However, in order to continue to avail the benefit of the revised rate, each HCO shall be required to submit an undertaking before 15.12.2025, confirming its acceptance of the terms and conditions of the revised MoA.
- e) In case, the HCO fails to submit the undertaking shall be deemed to be de-panelled.

The above OM is issued in supersession of OM of even number dated 29th November, 2025.

This issues with the approval of the Competent Authority.

Encl: Annexure I to VII



(M.K. Rai)

Deputy Secretary (WE)

Copy to:

1. Chief of Defence Staff, DMA, MoD
2. Chief of Army Staff, HQ of MoD (Army)
3. Chief of Naval Staff, HQ of MoD (Navy)
4. Chief of Air Staff, HQ of MoD (Air Force)
5. CGDA, New Delhi
6. AG, HQ of MoD (Army)
7. COP, HQ of MoD (Navy)
8. AoA, HQ of MoD (Air)

Copy for information to:

1. Sr.PPS to Secretary (ESW)
2. PPS to JS (ESW)
3. PPS to JS& OSD (WE/I&C)
4. PPS to Addl.FA & JS (EL)



(M.K. Rai)

Deputy Secretary (WE)

Definition of Package Rates and inclusions**1. Definition of CGHS Package Rate**

The CGHS Package Rate shall be construed as an all-inclusive lump sum cost, applicable from the time of admission to the time of discharge, encompassing the entire treatment cycle of an inpatient/day care/diagnostic procedure for which the ECHS beneficiary has been permitted treatment—either through prior approval or in emergency cases. The package rate includes but is not limited to the following:

- II. Accommodation charges including patient's diet
 - III. Admission charges
 - IV. Anaesthesia charges
 - V. Cost of medicines and consumables/disposables
 - VI. Cost of surgical disposables and all sundries used during hospitalization
 - VII. Doctor/consultant visit charges
 - VIII. Dressing charges
 - IX. ICU/ICCU charges
 - X. Injection charges
 - XI. Monitoring charges
 - XII. Nursing care charges
 - XIII. O2 charges, Ventilator charges as routinely required, if any etc.
 - XIV. Operation charges
 - XV. Operation theatre charges
 - XVI. Physiotherapy charges etc.
 - XVII. Procedural charges/surgeon's fee
 - XVIII. Registration charges
 - XIX. Related routine and essential investigations during the admission of patient
 - XX. Transfusion charges and Blood processing charges
 - XXI. Equipment Charges including flowtron, Infusion pump, syringe pump etc.
- Uniformity of Rates for In-House and Outsourced Services - The CGHS package rates shall apply uniformly, irrespective of whether the services (diagnostic, laboratory, imaging, physiotherapy, or any clinical service) are provided in-house by the hospital or outsourced to an external service provider. Hospitals shall not charge or seek reimbursement beyond the prescribed package rate under the pretext of outsourced service provision. No differential pricing shall be applied for outsourced services.
 - Package rates envisage up to a maximum duration of indoor treatment as follows:
 - Up to 12 days for Specialized (Super Specialties) treatment
 - Up to 7 days for other Major Surgeries
 - Up to 3 days for/ Laparoscopic surgeries / elective Angioplasty / normal deliveries and
 - 1 day for day care / Minor (OPD) surgeries.

2. Ward Entitlement Adjustment

- The prescribed package rates are based on semi-private ward entitlement.
- A 5% decrease shall apply for beneficiaries entitled to general ward.
- A 5% increase shall apply for beneficiaries entitled to private ward.
- Investigations and radiotherapy rates shall remain uniform regardless of ward entitlement or admission status, unless the test necessitates hospital admission.

3. Chemotherapy Charges

- The package rate for chemotherapy includes procedural charges only.
- Room rent, investigations, and anti-cancer medicines are reimbursable in addition to the procedural charges.
- ECHS will provide anti-cancer medicines whenever feasible. If not provided, the HCO shall provide the medicine and submit the GST purchase invoice from external vendor, similar to implant protocols.

4. Implants and Consumables

- Implants such as lenses, stents, meshes, and valves are reimbursable in addition to the package rates as per CGHS ceiling rates.
- Unlisted implants will be reimbursed based on the actual invoice or as per NPPA (National Pharmaceutical Pricing Authority) rates whichever is less.
- All consumables and medicines, including guidewires and catheters, are deemed inclusive in the package rate.
- Drug-eluting balloon used in lieu of a stent is payable as per N P P A rates or actual invoice whichever is less.

5. Unlisted Procedures and Investigations

- The current guidelines for Unlisted Procedures and Investigations shall continue. These procedures shall be reviewed periodically.

6. Multiple Surgical Procedures in One OT Session

- When multiple surgeries are performed in a single operative session:
 - The primary procedure (with the highest package rate) shall be reimbursed at 100%.
 - The second procedure shall be reimbursed at 50% of its package rate.
 - The third and subsequent procedures shall be reimbursed at 25% of their respective package rates.

- If identical surgeries are performed at different anatomical sites (e.g., bilateral cataract or bilateral knee replacement), the second procedure will be reimbursed at 50%.
- Any procedure within the package period of an earlier procedure shall be reimbursed at 75% of the applicable package rate.
- Individual steps of a procedure must not be itemized or charged separately. All integral steps are deemed included within the package. The package must fully cover the scope of the procedure as per standard clinical protocols.

7. Consultation

S. No.	Type of Consultation	Payable Fee (₹)	Key Conditions / Notes
1	OPD – Specialist	₹350	includes emergency/casualty consultations
2	OPD – Super Specialist (DM/MCh)	₹700	Applies uniformly to all empanelled hospitals (multi/super specialty); in-house or visiting
3	OPD – Psychiatry (All hospitals)	₹700	Enhanced fixed rate for all psychiatric consultations
4	Indoor (IPD) Consultation – Specialist / Super Specialist	₹350	Flat rate for all indoor consultations regardless of specialty level
7	Eye Consultations	₹350	Fee includes: Refraction, Tonometry and Fundus examination

- The consultation fee is inclusive of the cost of examination consumables such as paper gloves, unsterile gloves, or examination gloves, if used during the examination of the patient.
- Each consultation will be considered valid for a period of 7 days, provided it pertains to the same specialty.

Tele: 25683476
Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

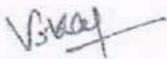
B/49769/AG/ECHS dated 15 Jan 2026

AMA ECHS, Embassy of India, Nepal

All Regional Centres

ADVISORY: PROVISION OF CANCER MEDICINES IN ECHS

1. Please refer the following:-
 - 1.1. Para 3 of Annexure II of CO ECHS letter No B/49769/AG/ECHS dated 05 December 2025 (copy attached).
 - 1.2. CO ECHS letter No B/49769/AG/ECHS dated 10 Nov 2025 (copy attached).
2. It is observed that private emp hospitals are not providing anticancer medications for eligible beneficiaries due to lack of clarity on the subject matter in view of the recent revision as per Para 1.1 above.
3. As an interim measure Appx'A' of NA Certificate (as per letter ref mentioned at Para 1.2 above) obtained from SEMO for anticancer drugs will be valid for OPD as well as IPD treatment which will be submitted to emp hospital to begin/continue cancer treatment. This should be endorsed as authority to ensure continuity of treatment and submitted alongwith GST purchase invoice by the emp hospital to claim reimbursement.
4. Detailed guidelines will be issued subsequently.
5. This has approval of MD, ECHS.


(Vikas Yadav)
Lt Col
Jt Dir (Med & Eqpt)
for MD ECHS

Contd/-.....

Copy to:-

Central Organisation ECHS (Claim Sec)

Central Organisation ECHS (C & L Sec)

Central Organisation ECHS (P & FP Sec)

Central Organisation ECHS (Ops & Coord Sec)



- For your info please

Central Organisation ECHS (S&A Sec)

- It is requested to upload the same in ECHS Website.

UTI-ITSL (BPA)

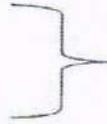
Email Id:- echsbpa@utiltsl.com

- For your info please.

MoD (OSD ESW)

MoD (JS ESW)

MoD (US ESW)



- For your info