STANDARD OPERATING PROCEDURE (SOP) ON PROCESSING OF DOMICILIARY MEDICAL EQUIPMENT (DME) CASES UNDER EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

1. Purpose:

This Standard Operating Procedure (SOP) lays down the procedure for processing, scrutiny, approval, procurement, issue and reimbursement of Domiciliary Medical Equipment (DME) under ECHS to ensure uniform implementation of Government policy, transparency, accountability and timely provision of Domiciliary Medical Equipment to eligible ECHS beneficiaries.

2. Scope:

This SOP will be applicable to all ECHS beneficiaries, ECHS Polyclinics, Regional Centres (RCs), Central Organisation ECHS, Service Hospitals, Government Hospitals, Empanelled Hospitals and all authorities involved in processing DME cases under ECHS. It covers procurement through SEMO, procurement by ECHS beneficiaries after obtaining prior approval from the competent authority, reimbursement, ex-post facto approval in applicable cases, and processing of specialized Domiciliary Medical Equipment including CSII Pump Therapy, Cochlear Implant and Artificial Appliances under the relevant Government orders.

3. References:

3.1. MoD/DoESW File No. 18(114)/2017/WE/D(Res-I) dated 18 Sep 2019 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY.

3.2. CO ECHS policy letter No. B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023, 12 Dec 2023 and 12 Mar 2024 on subject EXECUTIVE INSTRUCTIONS: DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES.

3.3. CO ECHS policy letter No. B/49761/AG/ECHS/Medicine Policy/2025 dated 05 May 2025 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY: PROVISION OF EX-POST FACTO APPROVAL AND REIMBURSEMENT OF THE COST OF LIFE SAVING DOMICILIARY MEDICAL EQUIPMENT OXYGEN CONCENTRATOR/CPAP/BIPAP/BILEVEL VENTILATORY SYSTEM OR ANY OTHER LISTED DOMICILIARY MEDICAL EQUIPMENT REQUIRED URGENTLY.

3.4. MoD/DoESW letter ID No. 18(114)/2017-D(WE/Res-I), dated 7 Mar 2025 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY: PROPOSAL FOR PROVISION OF EX- POST FACTO APPROVAL AND REIMBURSEMENT OF THE COST OF SAME CHARGES FOR LIFE SAVING DOMICILIARY MEDICAL EQUIPMENT- OXYGEN CONCENTRATOR/CPCP/BIPAP - reg.

3.5. MoD/DoESW letter No. 22D(22)/2024/WE/D (Res-1) dated 2 Apr 2025 on subject GUIDELINES REGARDING REIMBURSEMENT OF CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) PUMP THERAPY.

3.6. MoHFW Office Memorandum F. No: 6-469/2003-CGHS/R&H dated 12 Jun 2009 on subject REIMBURSEMENT OF THE COST OF COCHLEAR IMPLANT TO BENEFICIARIES UNDER CGHS /CENTRAL SERVICES (MEDICAL ATTENDANCE) RULES, 1944.

3.7. MoHFW Office Memorandum No. S-11011/25/2014/CGHS-(P) dated 08 Jul 2014 on subject REVISION OF LISTS AND RATES OF ARTIFICIAL APPLIANCES FOR CGHS/CS(MA) BENEFICIARIES AND GENERAL GUIDELINES FOR ELIGIBILITY CRITERIA THEREFOR.

3.8. General Financial Rules (GFR) 2017.

3.9. Any subsequent Government orders issued by MoD/DoESW, MoHFW, O/o DGAFMS, CO ECHS.

4. Eligibility:

Eligible ECHS beneficiaries may be considered for issue of Domiciliary Medical Equipment provided the equipment is medically essential, prescribed/recommended by the concerned Specialist/Super Specialist of a Service Hospital/Government Hospital, required for domiciliary management, not intended for hospital use and covered under the extant Government policy.

5. Categories of Domiciliary Medical Equipments, for the purpose of processing under this SOP, Domiciliary Medical Equipment will be categorized as under:

Category I: Items available in Government approved list with prescribed ceiling rate: Eg: CPAP, BiPAP, BILEVEL Ventilatory System, Oxygen Concentrator, Wheel Chair, Hearing aids and other listed DME with CGHS/ECHS ceiling rate.

Category II: Specialized Domiciliary Medical Equipments, examples: Continuous Subcutaneous Insulin Infusion (CSII) pump therapy, Cochlear implant and other High-end appliances.

Category III: Un-listed Domiciliary Medical Equipments, equipment not included in approved Government list and for which **no CGHS/ECHS ceiling rates exist**, examples: Multipara monitor, Motorized ICU bed, Air mattress, Suction apparatus, DVT pump with sleeves etc.

6. Modes of Procurement of Domiciliary Medical Equipment:

6.1. Along with the supporting documents (Prescription, Clinical summary, Investigation reports and Recommendation of concerned Specialist/Super Specialist of Service/Govt hospital) demand of DME will be forwarded by Officer-in-charge ECHS Polyclinic to respective **Senior Executive Medical Officer (SEMO)**. Once the DME is procured by SEMO, it will be issued to ECHS beneficiary on issue voucher. A copy of issue voucher will be kept in ECHS Polyclinic for future reference and audit purpose.

6.2. Procurement by individual ECHS beneficiary with **prior approval/sanction** of competent authority and claim for re-imbursement.

7. Prior approval by Competent Authority:

7.1. Checklist of mandatory documents for prior approval of **Category- I** domiciliary medical equipments (Competent Authority- **Director Regional Centre ECHS**)

7.1.1. Prescription, Clinical summary, Investigation reports of ECHS beneficiary

7.1.2. Recommendation of concerned Specialist/Super Specialist of Service/Govt hospital

7.1.3. Application of ECHS beneficiary for permission for individual procurement and claim reimbursement as per CGHS/ECHS ceiling rate

7.1.4. ECHS Card

7.1.5. Statement of Case with justification from ECHS Polyclinic

7.1.6. Undertaking certificate for acceptance of reimbursement at CGHS/ECHS ceiling rate

7.2. Mandatory documents checklist for prior approval of **Category- II and Category-III** domiciliary medical equipments (Competent Authority- **High Power Committee/DoESW**)

7.2.1. Prescription, Clinical summary, Investigation reports of ECHS beneficiary

7.2.2. Recommendation of concerned Specialist/Super Specialist of Service/Govt hospital

7.2.3. Application of ECHS beneficiary for permission for individual procurement and claim reimbursement as per CGHS/ECHS ceiling rate

7.2.4. ECHS Card

7.2.5. Undertaking certificate for acceptance of reimbursement at CGHS/ECHS ceiling rate

7.2.6. Statement of Case (SOC) with justification from ECHS Polyclinic

7.2.7. Recommendation of Director Regional Centre ECHS

7.2.8. Three quotations from authorized distributors in case the cost of DME is above Rs. 50,000/-. For DME upto a monetary value of Rs. 50,000/- purchase may be made without inviting quotations provided the item is not obtainable in a GeM portal. (Rule 154 of GFR-2017).

7.2.9. Any other case specific relevant document.

8. Responsibilities of Stakeholders:

8.1. ECHS Beneficiary: Submission of application and documents as per checklist.

8.2. Treating Specialist/Super Specialist of Service/Govt Hospital: Clinical recommendation

8.3. ECHS Polyclinic: Verification of documents, forwarding Statement of Case and maint of records.

8.4. SEMO: Procurement, issue and maintenance of records

8.5. Regional Centre ECHS: Scrutiny of documents as per checklist and recommendations

8.6. Central Organization ECHS: Technical scrutiny, policy examination, processing of cases for submission to High Power Committee.

9. Workflow for Processing of Domiciliary Medical Equipment Cases (attached as Appx 'B').

10. Ex-post Facto Approval Procedure:

10.1. Applicability: Ex-post facto approval will be applicable only in cases covered under the extant Government policy, where an ECHS beneficiary has procured a life-saving Domiciliary Medical Equipment in an emergency due to immediate medical necessity and prior approval of the competent authority could not be obtained. Such cases will be processed strictly in accordance with the applicable Government orders (Authority: GOI MOD letter No MoD/DoESW ID No.18(114)/2017-D(WE/Res-I) dated 07 Mar 2025).

10.2. Life-saving Domiciliary Medical Equipments: Life-saving Domiciliary Medical Equipments include Oxygen Concentrator, CPAP, BiPAP, Bilevel Ventilatory System and any other listed Domiciliary Medical Equipment required urgently for an ECHS beneficiary. Reimbursement of cost of equipments upto CGHS/ECHS ceiling limit, admissible under the extant Government policy.

10.3. Documents required: The following documents will accompany the proposal.

10.3.1. Application from the ECHS beneficiary requesting ex-post facto approval and reimbursement

10.3.2. Emergency certificate/ justification by treating doctor indicating the immediate requirement of the Domiciliary Medical Equipment for home-based care

10.3.3. Clinical summary and relevant investigation reports

10.3.4. Recommendation of the concerned Specialist/Super Specialist of a Service Hospital/Government Hospital

10.3.5. Original purchase invoice, payment receipt and warranty documents

10.3.6. Copy of ECHS Card

10.3.7. Statement of Case (SOC) with recommendations of the Officer-in-Charge, ECHS Polyclinic

10.3.8. Any other document considered necessary by the Competent Authority (Dir Regional Centre ECHS)

10.4. Examination and Approval process: The Officer-in-Charge, ECHS Polyclinic will verify the documents and forward the proposal to the concerned Regional Centre ECHS. The Regional Centre ECHS will examine the proposal in accordance with the extant ECHS policy. The approval will be provided by competent authority i.e. Director Regional Centre. Cases where no ceiling rate has been prescribed or is an unlisted equipment, the same will be referred to the High Power Committee/DoESW through Central Org ECHS.

10.5. Workflow for Processing of Ex-Post Facto approval of Domiciliary Medical Equipment procured by ECHS beneficiary under emergency condition (attached as Appx 'B').

11. Reimbursement Process: Following documents should be submitted by ECHS Beneficiary for claiming reimbursement of Domiciliary Medical Equipment.

11.1 Prior sanction letter of Director RC ECHS or High-Powered Committee

11.2 Original Bill of Domiciliary Medical Equipment

11.3. Contingent Bill

11.4. Cancelled Cheque/Bank details of beneficiary

11.5. Copy of ECHS Card of beneficiary

11.6. Certificate from PC that the same type of equipment for the purpose was not issued in last five years

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

13. Repair & Maintenance/Annual Maintenance: Domiciliary Medical Equipment is issued for a period of five years. The repair and maintenance of Domiciliary Medical Equipment during this period will be the responsibility of the ECHS beneficiary. Cost of repair & maintenance will be borne by the beneficiary themselves and will not be reimbursable. In case of warranty is valid on the DME, the beneficiary may approach the OEM/SEMO based on the mode of procurement.

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

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

14.2. **Domiciliary Medical Equipment procured by ECHS Beneficiary**: If the Domiciliary Medical Equipment is non-functional after completion of five years of purchase, then ECHS beneficiary should obtain Unserviceability Certificate from Authorized Service Engineer of Original Equipment Manufacturer (OEM). Based on Unserviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of the equipment. (Authority Central org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023).

14.3. In the event that the Domiciliary Medical Equipment becomes unserviceable before completion of five years from the date of issue/purchase, the warranty conditions will apply, provided the equipment is covered under warranty. If the warranty period is over, similar procedure as given out in Para 14.1 & 14.2 above will be followed.

15. **Expenditure**:

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

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

16. **CFA:**

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

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

17. This has approval of MD ECHS.

Appx enclosed:

- Appx 'A' : Checklist of Documents
- Appx 'B' : Processing Flowchart
- Appx 'C' : List of Reference Policy Letters

Appx 'A'
(Refer to Para 7 (7.1 & 7.2 of SOP).

IA. Checklist of mandatory documents for prior approval of **Category- I** domiciliary medical equipments (Competent Authority- **Director Regional Centre ECHS**)

1	Prescription, Clinical summary, Investigation reports of ECHS beneficiary
2	Recommendation of concerned Specialist/Super Specialist of Service/Govt hospital
3	Application of ECHS beneficiary for permission for individual procurement and claim reimbursement as per CGHS/ECHS ceiling rate
4	Copy of ECHS Card
5	Statement of Case with justification from ECHS Polyclinic
6	Undertaking certificate for acceptance of reimbursement at CGHS/ECHS ceiling rate

IB. Mandatory documents checklist for prior approval of **Category- II and Category-III** domiciliary medical equipments (Competent Authority- **High Power Committee/DoESW**)

1	Prescription, Clinical summary, Investigation reports of ECHS beneficiary
2	Recommendation of concerned Specialist/Super Specialist of Service/Govt hospital
3	Application of ECHS beneficiary for permission for individual procurement and claim reimbursement as per CGHS/ECHS ceiling rate
4	Copy of ECHS Card
5	Undertaking certificate for acceptance of reimbursement at CGHS/ECHS ceiling rate
6	Statement of Case (SOC) with justification from ECHS Polyclinic
7	Recommendation of Director Regional Centre ECHS
8	Three quotations from authorized distributors
9	Any other relevant document pertains to specific case

Appx 'B'
(Refer to Para 9 & 10 (9.1, 9.2, 9.3 & 10.5 of SOP).

II A. Workflow for Processing of Domiciliary Medical Equipment Cases-Procurement by SEMO:

ECHS Beneficiary
↓
ECHS Polyclinic
↓
SEMO
↓
Procurement of DME
↓
Issue to ECHS beneficiary

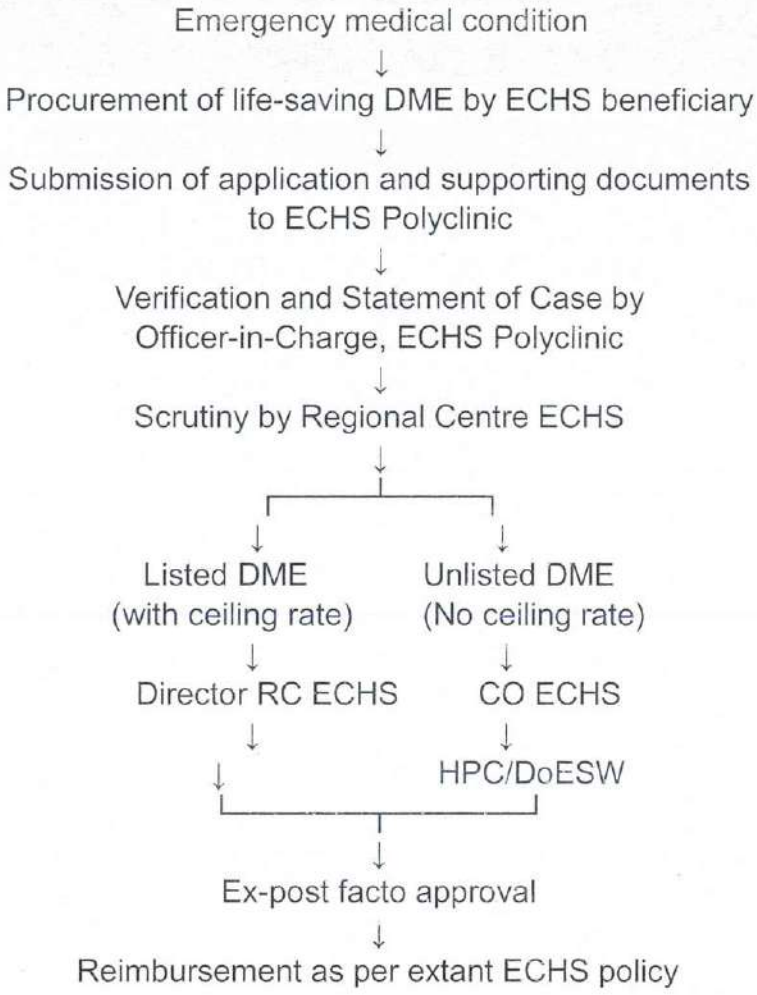
II B. Procurement by ECHS beneficiary with prior approval of competent authority- Director Regional Centre ECHS:

ECHS Beneficiary
↓
ECHS Polyclinic
↓
Regional Centre
↓
Prior Approval
↓
Purchase by ECHS beneficiary
↓
Claim Reimbursement (as per ECHS policy)

II C. Procurement by ECHS beneficiary with prior approval of competent authority High-Power Committee/ DoESW, MoD:

ECHS Beneficiary
↓
ECHS Polyclinic
↓
Regional Centre
↓
CO ECHS
↓
HPC/DoESW
↓
Prior Approval
↓
Purchase by ECHS beneficiary
↓
Claim Reimbursement (as per ECHS policy)

II D. Workflow for Processing of Ex-Post Facto approval of Domiciliary Medical Equipment procured by ECHS beneficiary under emergency condition:



Appx 'C'
(Refer to Para 3 (3.1 to 3.9 of SOP).

References

1	MoD/DoESW File No. 18(114)/2017/WE/D(Res-I) dated 18 Sep 2019 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY.
2	CO ECHS policy letter No. B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023, 12 Dec 2023 and 12 Mar 2024 on subject EXECUTIVE INSTRUCTIONS: DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES.
3	CO ECHS policy letter No. B/49761/AG/ECHS/Medicine Policy/2025 dated 05 May 2025 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY: PROVISION OF EX-POST FACTO APPROVAL AND REIMBURSEMENT OF THE COST OF LIFE SAVING DOMICILIARY MEDICAL EQUIPMENT OXYGEN CONCENTRATOR/CPAP/BIPAP/BILEVEL VENTILATORY SYSTEM OR ANY OTHER LISTED DOMICILIARY MEDICAL EQUIPMENT REQUIRED URGENTLY.
4	MoD/DoESW letter ID No. 18(114)/2017-D(WE/Res-I), dated 7 Mar 2025 on subject DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY: PROPOSAL FOR PROVISION OF EX- POST FACTO APPROVAL AND REIMBURSEMENT OF THE COST OF SAME CHARGES FOR LIFE SAVING DOMICILIARY MEDICAL EQUIPMENT- OXYGEN CONCENTRATOR/CPCP/BIPAP - reg.
5	MoD/DoESW letter No. 22D(22)/2024/WE/D (Res-1) dated 2 Apr 2025 on subject GUIDELINES REGARDING REIMBURSEMENT OF CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) PUMP THERAPY.
6	MoHFW Office Memorandum F. No: 6-469/2003-CGHS/R&H dated 12 Jun 2009 on subject REIMBURSEMENT OF THE COST OF COCHLEAR IMPLANT TO BENEFICIARIES UNDER CGHS /CENTRAL SERVICES (MEDICAL ATTENDANCE) RULES, 1944.
7	MoHFW Office Memorandum No. S-11011/25/2014/CGHS-(P) dated 08 Jul 2014 on subject REVISION OF LISTS AND RATES OF ARTIFICIAL APPLIANCES FOR CGHS/CS(MA) BENEFICIARIES AND GENERAL GUIDELINES FOR ELIGIBILITY CRITERIA THEREFOR.
8	General Financial Rules (GFR) 2017.
9	Any subsequent Government orders issued by MoD/DoESW, MoHFW, O/o DGAFMS, CO ECHS.

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

Dated : 18th Sept. , 2019

To,

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

Subject : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY.

Sir,

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

2. For

Para 9 (g)

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

Read

Para 9 (g)

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

... 2/-

18/9/19

(ii) The Medical equipment other than those above like insulin pump etc. which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt. Hospital Specialist would require prior sanction of the High Powered Committee constituted vide para 5 of MoD, Order No.22A(37)/2018/WE/D(Res-I) dated15-1-2019.

3. The maximum ceiling limit for re-imbursement prescribed by CGHS authorities from time to time will be applicable.

4. **Individual Re-imbursement: Grant of prior permission.**

The individual requests for prior permission and reimbursements for domiciliary medical equipment advised by Service Specialist/Government hospital Specialist for which CGHS ceiling rates are available will be approved as per CGHS ceiling rates. Documents for domiciliary medical equipment having no CGHS ceiling rates will be submitted at the Polyclinic and would be considered by the above mentioned committee.

5. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their U.O. No.32(41)/2017/Fin/Pen dated 3-9-2019.

Yours faithfully,

18/9/19

(A.K. Karn)
Under Secretary (WE)

Copy to :

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

Also to :

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

Tele: 25683476

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

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

30 Nov 2023

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

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

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

   (a) GoI (MoD/DoESW) letter No 24(8)03/US(WE)/D (Res) dt 19 Dec 2003.

   (b) Min of Health & Family Welfare O.M. No. 1-19/2018/CGHS (HQ)/R&H/EHS dated 03 Jun 2019.

   (c) GoI (MoD/DoESW) letter No 18(114)/2017/WE/D(Res-I) dt 18 Sep 2019.

   (d) Min of Health & Family Welfare O.M. No. S.11011/37/2019-ECHS dated 01 Dec 2020.

   (e) Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2022 dt 10 Jun 2022.

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

3. **Issue Procedure**.

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

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

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

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

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

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

(aa) Prior sanction letter of Director RC ECHS or High Powered Committee.

(ab) Original Bill of Domiciliary Medical Equipment.

(ac) Contingent Bill.

(ad) Cancelled Cheque/Bank details of beneficiary.

(ae) Copy of ECHS Card of beneficiary.

(af) Certificate from PC that the same type of equipment for the purpose was not issued in last five years.

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

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

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

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

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

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

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

7. **Expenditure**.

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

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

8. **CFA.**

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

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

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

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

11. This has approval of MD ECHS.

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

Encls : As above

Copy to :-

MoD/DoESW

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

DGMS (Navy)/ Dir ECHS (Navy)

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

AMA ECHS, Embassy of India, Nepal

UTI-ITSL
Surabhi Arcade, 1st Floor
5-1-664, Bank Streeet,
Hyderabad-5000001

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Claim Sec	-	For info pl.

Tele: 25683476

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

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

12 Dec 2023

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

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dt 08 Dec 2023 (copy attached).

2. It is clarified that it is responsibility of OIC, ECHS Polyclinic to ascertain that domiciliary med equipments demand in respect of an individual placed through SEMO is cancelled before processing prior sanction for individual reimbursement as per Para 3 (a)(i) as it would lead to double purchase. In such cases written confirmation from SEMO about cancellation of ECHS Polyclinic demand or supply order is mandatory before processing prior sanction.

3. It is also clarified that provision of Para 3(b) is applicable only for domiciliary med equipments with ceiling rates and those without ceiling rates will continue to be purchased as per Para 3 (a)(ii) only.

4. **The letter mentioned at Para 1 above may please be treated as cancelled.**

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

Encls : As above.

Copy to :-

MoD/DoESW

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

DGMS (Navy)/ Dir ECHS (Navy)

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

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5-1-664, Bank Streeet,
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Appx
(Refer to Central Org ECHS
letter No B /49761/AG/ECHS/
Medicine Policy/2023 dt 30 Nov 2023

Ser No	Eqpt	Recommended By Concerned Specialist of Service Hosp/Govt Hosp	Ceiling Rate	Remarks
(a)	CPAP/BIPAP machine	Respiratory Medicine Specialist/Medical Specialist	(i) CPAP – Rs 45,000/- + GST. (ii) BIPAP (earlier Bi-Level CPAP) – Rs 68,000/- + GST. (iii) Bi-Level Ventilatory System – Rs 1,05,000/- + GST.	-
(b)	Hearing Aid	ENT Specialist	(i) Digital BTE - Rs 8,000/- + GST. (ii) Digital ITC/ CIC - Rs 9,000/- + GST.	(i) The cost of BTE type hearing aids shall also include the cost of hearing mould. (ii) The cost of ITC/CIC type hearing aids shall also include the cost of customised shell. (iii) Body worn/ pocket type category and Analogue BTE category with ceiling rates Rs 3,000/- per ear and Rs 7,000/- per ear have been excluded, since they have become obsolete.
(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/Neuro Physician/ Orthopaedician/ Surgeon	(i) The appliances will be allowed for re-issue on completion of 5 yrs in case of adults and 2 yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per **Annx**.	-

Tele: 25683476

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

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

12 Mar 2024

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

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023.

2. As per existing policy on procurement of domiciliary med eqpt, various types of aids/eqpts are being purchased through SEMOs. It has been brought to notice that many such eqpts particularly hearing aids are not being collected by ECHS beneficiaries after procurement due to various reasons. As these eqpts do not have indefinite shelf life they need to be utilized adequately within its useful shelf life. As wait for collection can not be indefinite a need is felt to frame suitable guidelines for judicious use of procured domiciliary aids/ eqpts out of govt fund.

3. Guidelines on the subject matter are as follows :-

(a) Domiciliary eqpts are mandatorily needed to be collected within 60 days from date of taking on ledger at med store of service hospital. All possible effort should be made by ECHS PC to liaise with the ECHS beneficiary to collect it within 60 days.

(b) Beyond 60 days SEMO is hereby authorised to issue the same eqpt to any other suitable ECHS beneficiary for whom recommendation matches available left over domiciliary eqpt.

(c) A reconciliation certificate needs to be issued by SEMO stating that domiciliary med eqpts purchased in name of one indl is now being issued to a new indl due to non collection by the previous beneficiary.

(d) The manufacturer warranty should start from date of issue to new ECHS beneficiary (suitable changes in terms & conditions may be incuded by SEMO during procurement process of such eqpts). Its maintenance, repair and replacement will be governed as per a/m letter under reference.

(e) The ECHS beneficiary in whose name the domiciliary med eqpt was originally purchased should be banned for next 06 months from date of issue to the other ECHS beneficiary for processing demand for similar type of eqpt again.

4. This has approval of MD ECHS.

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

Encls : As above

Copy to :-

MoD/DoESW

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

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HQ Cost Guard Veteran Cell
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AMA ECHS, Embassy of India, Nepal

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Hyderabad-5000001

- for your info pl.

S&A

Tele: 25683476

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

Ex-Servicemen Contributory Health Scheme
07 MAY 2025
ECHS
IHQ of MoD (Army)

B/49761/AG/ECHS/Medicine Policy/2025

05 May 2025

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
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All Regional Centres

DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY : PROVISION OF EX-POST FACTO APPROVAL AND REIMBURSEMENT OF THE COST OF LIFE SAVING DOMICILIARY MEDICAL EQUIPMENT OXYGEN CONCENTRATOR/ CPAP/BIPAP/BILEVEL VENTILATORY SYSTEM OR ANY OTHER LISTED DOMICILIARY MEDICAL EQUIPMENT REQUIRED URGENTLY

1. Please refer the following (copies att) :-

   (a) CO ECHS Policy letter No B/49761/AG/ECHS/Medical Policy/2023 dated 30 Nov 2023.

   (b) GoI (MoD/DoESW) ID No 18(114)/2017-D(WE/Res-I) dated 07 Mar 2025.

2. As per the existing provisions prior sanction for Individual reimbursement for purchase of Domiciliary Medical Equipment upto the ceiling rates is required. However, there are numerous occasions when life saving domiciliary medical equipment such as Oxygen Concentrator / CPAP / BIPAP/ BILEVEL Ventilatory System are required immediately by the patient on discharge based on the advice of the treating doctor. The ECHS beneficiary is left with no option but to procure the equipment from the market under own arrangement and obtaining prior sanction during such conditions is not practically feasible before purchase of the prescribed life saving domiciliary equipment.

3. The issue has been considered by the competent authority. Sanction of MD ECHS is hereby accorded for ex-post-facto sanction of life saving Domiciliary Med Eqpts i.e Oxygen Concentrator, CPAP, BIPAP & Bilevel Ventilatory System or any other listed domiciliary medical equipment required urgently for reimbursement of cost of eqpts upto CGHS ceiling limit which is amended time to time. The veteran will ensure an emergency certificate is taken from the treating physician. The same will be countersigned by the Service Spl/Govt Spl.

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

5. Request for replacement of machine after completion of five years will need to be advised and processed in the manner as given in CO ECHS Policy letter dated 30 Nov 2023 or the policy in vogue at that time.

6. Cases where no ceiling has been prescribed or is an unlisted equipment, the same will be referred to the High Power Committee (HPC).

7. The instructions will be implemented from 07 Mar 2025.

(AC Nishil)
Col
Dir (Med)
For MD ECHS

Copy to :-

MoD/DoESW

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

DGMS (Navy)/ Dir ECHS (Navy)

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

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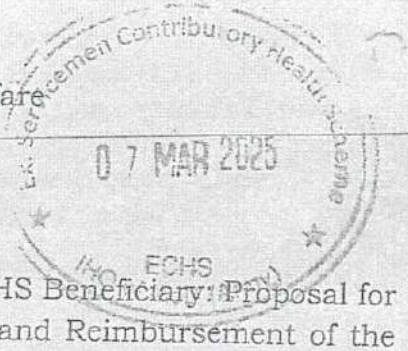
Typed by NK Akhil V Anil

med

Government of India
Ministry of Defence
D/o Ex-Servicemen Welfare
D(WE/Res-I)
*****



Subject:- Domiciliary Medical Equipment for ECHS Beneficiary: Proposal for Provision of Ex- Post Facto Approval and Reimbursement of the Cost of Same Charges for Life Saving Domiciliary Medical Equipment- Oxygen Concentrator/CPCP/BIPAP – reg.

Refer CO, ECHS letter No. B/49762/AG/ECHS dated 16.12.2024 on the subject mentioned above.

2. It is highlighted that, there seems to be very little justification for granting ex-post facto sanction. Where ceiling rates are available, the current procedure entails them to procure these equipments after taking approval of the concerned Sr. Advisor (Consultant) or the Govt. Hospital specialist. The items are procured by the OIC Polyclinic through special demand.

3. In case the item is urgently required, the same can be purchased by the individual himself and the bill within the ceiling can be claimed like the individual reimbursement claim of NA medicines purchased by the ESM. This possibility if not exists, may be explored by CO, ECHS.

4. Rest all other cases where no ceiling has been prescribed or unlisted equipment in any case are referred to High Powered Committee (HPC)

5. This is for information and necessary action.

Encl.:- As stated above.

(L. Fimate) 13/25
Under Secretary, D(WE)
Tel/Fax: 2301 4946

CO, ECHS

MoD/DoESW ID No.18 (114)/2017-D(WE/Res-I), dated 7th March, 2025.

No 22D(22)/2024/WE/D (Res-I)
Government of India
Ministry of Defence
D/o Ex-Servicemen Welfare
D(WE/Res-I)
****

237, B- wing
Sena Bhawan, New Delhi
Dated: 2nd April, 2025

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

GUIDELINES REGARDING REIMBURSEMENT OF CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) PUMP THERAPY

Sir,

1. Please refer Min of Health & Family Welfare, EHS Section O.M. No. S.11030/120/2022-EHS dated 16 May 2023 (copy att).

2. As per the existing provisions Insulin pump etc which are issued to ECHS beneficiaries for which no ECHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee. ECHS has framed following guidelines for use/reimbursement of cost of Insulin Pump as laid down in the letter under ref at Para 1:-

(a) **Eligible Patients**. The fwg criteria must be met :-

(i) Patients with Type – I Diabetes

(ii) Duration of diabetes greater than 2 years

(iii) The child and family have received adequate diabetes education at a centre experienced in taking care children with Type-I, Diabetes Mellitus.

(iv) Despite multiple daily dose of Insulin proper adherence to diet in last 6 months, HbA1C level is not below 8.50%.

(v) Recurrent and unexplained hypoglycemia on multiple doses of insulin despite proper adherence to diet in last 6 months.

(b) **Prerequisites**. Should be on multiple daily doses of Insulin (basal bonus) therapy for a minimum of 6 months. During the period there should be.

(i) At least 2 HBA1C readings over these 6 months.

(ii) Strict Self-Monitoring Blood Glucose (SMBG) with minimum 4 readings or be on Continuous Glucose Monitoring System (CGS).

(iii) Should have a concept of carbo-counting (Counting number of grams of Carbohydrate in a meal) and its application in diabetes management, as certified by the treating pediatric endocrinologist / endocrinologist / diabetes clinic specialist.

(iv) The family can understand pump usage, to calculate bolus and basal insulin doses as required, and has demonstrated motivation to follow guidelines related to SMBG monitoring and diet.

(v) Regular follow-up with a pediatric endocrinologist/ endocrinologist / diabetes clinic specialist.

(vi) No history of psychiatric illness in patient.

(c) **Approval**. As per CO ECHS letter No B/49761/AG/ECHS/Medicine Policy/2023 dated 30 Nov 2023.

(d) **Validity**.

(i) Initial approval shall be for one year. Both basic as well as sensor augmented Insulin Pumps may be considered as prescribed by treating endocrinologist.

(ii) Re-Approval will be done only if the following criteria are met :-

(aa) regular follow-up (at 3 months intervals at least) during the past one year.

(ab) Regular self monitoring of blood glucose (SMBG)

(ac) HbA1c test every 3 months over past one year with at least two HbA1c values below 8.5%.

(iii) If re-approval is not granted as above, the patients can re-apply after 6 months, if he/she meets these criteria – HbA1c less than 8.5% at least one in last 6 months.

(e) **Ceiling rate for Continuous Subcutaneous Insulin Infusion (CSII) Pump Therapy**.

(i) Ceiling rte for basic version of Insulin Pump are fixed at 2 lakhs.

(ii) Ceiling rate for a sensor-augmented Insulin Pump are fixed at Rs 3 lakhs.

(iii) In addition, the monthly cost for the consumables is fixed at Rs 5,000/- (reservoir, infusion set and Insulin).

9. The instructions will be implemented from the date of issue of this letter.

10. It is also advised that the Committee should be headed by a Medical Doctor with a Specialist member as proposed under:-

i. OSD as Medical Head
ii. Doctor of R&R as Specialist
iii. Rep of CO, ECHS

11. This has the concurrence of MoD (Fin) vide their ID Note No. 33(22)/2024/Fin/Pen dated 05.03.2025.

Yours faithfully

(Dr. P.P. Sharma)
OSD, D(WE/ I&C)
Tel/Fax: 2301 5772

Copy to:-

1. CGDA, New Delhi - for dissemination to all PCDA's/CDA's
2. JS (ESW)
3. DGAFMS
4. MD Central Org ECHS
5. All Command HQs
6. Navy HQ (PS Dte)
7. AG Branch/CW-3

Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110 108

F. No: 6-469/2003-CGHS/R&H

Date: 12 June, 2009

OFFICE MEMORANDUM

Subject: **Reimbursement of the cost of cochlear implant to beneficiaries under CGHS / Central Services (Medical Attendance) Rules, 1944.**

The undersigned is directed to state that the Ministry of Health & Family Welfare has been received requests from CGHS beneficiaries and beneficiaries under Central Services (Medical Attendance) Rules, 1944, requesting for permission to be given for a dependant family member to undergo cochlear implant surgery. Each request for considered 'on merits' of each case and permission granted by the Central Government Health Scheme in each case. This was mainly because there were no guidelines for for considering requests for cochlear implant surgery. The Ministry of Health & Family Welfare, therefore, had the matter considered the matter by a Committee of specialists and it has been decided to permit the beneficiaries under CGHS and Central Services (Medical Attendance) Rules, 1944 undergo cochlear implant surgeries, as per the guidelines outlined below:

GUIDELINES FOR COCHLEAR IMPLANT SURGERY

1. **Selection criteria for cochlear implant:**

(i) Prelinqually deaf children (severe to profound B/L, S. N. H. loss)

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

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

(c) No mental retardation;

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

(e) No cochlear aplasia and / or agenesis of cochlear nerve;

(f) No retro cochlear lesion or central deafness; and

12/6/2009

(g) Good family support for post op rehabilitation.

(ii) Post-lingually deaf candidates (B / L profound S. N. H. loss)

(a) There should be no appreciable benefit from hearing aids (both ears);

(b) No active middle ear cleft disease;

(c) Perforation of the TM should be repaired three months prior to the implantation;

(d) Deafness should be due to cochlear lesions; and

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

2. ***Type of implants:***

Only multi-channel cochlear implant duly approved by appropriate authority should be recommended.

3. ***Implant Centres and Standing Committee:***

Cochlear implant surgery should be allowed only in Government hospitals / Centres having proper post operative rehabilitation. These centres should have well trained speech therapist related to cochlear implant.

The reimbursement for cochlear implant surgery will be permitted only after the request has been approved and recommended by a standing committee, comprising of the following:

(1)	Addl DG, CGHS / DDG (M) (as the case may be)	...	Chairman
(2)	HOD, ENT, Dr. R. M. L. Hospital	...	Member
(3)	HOD, ENT, Safdarjung Hospital	...	Member
(4)	HOD, ENT, LHMC & Smt S. K. Hospital	...	Member

The request for cochlear implants should be accompanies by complete clinical details and report of relevant investigations as below and independent opinion from two ENT specialists of Government Hospitals undertaking cochlear implant surgery about indications for cochlear implant surgery.

12/6/2006

4. ***Basic pre-op Investigations for Cochlear Implant:***

(a) ***Audiological:***

(1) OAE
(2) BERA / ASSR
(3) Impedence (in children)
(4) Audigram / Aided audiogram

(b) ***Radiological:***

(1) HRCT temporal bone for bony cochlea and middle ear cleft;
(2) 3D NRI for membranous cochlea, Neural Bundle and brain; and

(c) IQ / Psychiatric evaluation in children with prelingual deafness.

5. ***Ceiling Rate:***

The ceiling rate for cochlear implant shall be Rs. 5,35,000/- (Rupees Five lakh thirty five thousand only) for reimbursement of cost of cochlear implant with 12 channels / 24 electrodes with behind the ear speech processor.

The best results are achieved if cochlear implants take place between the age of 1 – 5 years. Hence, it is, therefore, proposed to permit reimbursement in a graded manner. In the pre-lingual deafness, total reimbursement of the ceiling rate or actuals, whichever is less, for cochlear implant will be allowed in respect of implants carried out on children aged between 1 and 5 years. For children between the age of 5 and 10 years, 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.

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 wear and tear may be allowed, after a period of three years, to be considered on the basis of advice of two ENT surgeons of Government sector and on the recommendations of the standing committee.

6. Only Unilateral implantation will be allowed.

7. As Cochlear implant surgery is a planned surgery, prior permission has to be obtained before the surgery is undertaken.

8. Pensioner CGHS beneficiaries and serving employees, who are CGHS beneficiaries, may submit their requests for permission for cochlear implant to the Director, CGHS. Central Government employees who are beneficiaries under Central

12/6/2008

Services (Medical Attendance) Rules, 1944, may submit their requests for permission, to MG II Section, Directorate General of Health Services, Nirman Bhawan, Maulana Azad Road, New Delhi 110 108.

9. These instructions take effect from the date of issue of the Office Memorandum.

10. This issues with the concurrence of IFD, vide their Dy. No: 494/AS & FA/2009 dated the 24th January, 2008.

(R. Ravi) 12/6/2009

Deputy Secretary to the Government of India
[Tel: 2306 3483]

To

1. All Ministries / Departments of Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. All Pay & Accounts Officers under CGHS
4. Additional Directors / Joint Directors of CGHS
5. JD(Gr.) / JD(R&H), CGHS, Delhi
6. CGHS Desk-I/Desk–II/CGHS-I/CGHS-II, Dte. GHS, Nirman Bhawan, New Delhi
7. Estt. I / Estt. II / Estt. III / Estt. IV Sections, Min. of Health & Family Welfare
8. Admn. I / Admn. II Sections of Dte.GHS
9. M.S. Section, Ministry of Health & Family Welfare
10. Rajya Sabha / Lok Sabha Secretariat
11. Registrar, Supreme Court of India / Delhi High Court, Sher Shah Road, New Delhi
12. U.P.S.C.
13. Finance Division, Ministry of Health & Family Welfare
14. Deputy Secretary (Civil Service News), Department of Personnel & Training. 5th Floor, Sardar Patel Bhawan, New Delhi
15. PPS to Secretary (H&FW) / Secretary (Aids Control)
16. PPS to DGHS / AS&FA /AS (GCC) & MD, NRHM / AS (VV)
17. Swamy Publishers (P) Ltd., P. B. No.2468, R. A. Puram, Chennai– 600028.
18. M/s Bahri Brothers, 742 Lajpat Rai Market, Delhi 110 006
19. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, N. Delhi – 110001.
20. All Staff Side members of National Council (JCM).
21. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi.
22. All Officers / Sections / Desks in the Ministry of Health & Family Welfare
23. NIC, Nirman Bhawan with the request that the Office Memorandum be uploaded in the website of CGHS and under CS (MA) Rules.
24. Office Order folder
25. Guard file

Issued 6/8/14

No.S-11011/25/2014/CGHS-(P)
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare
****

Nirman Bhawan, New Delhi,
Dated the 8th July, 2014.

OFFICE MEMORANDUM

Sub: Revision of lists and rates of artificial appliances for CGHS/CS(MA) beneficiaries and general guidelines for eligibility criteria therefor.

The undersigned is directed to state that the rates of artificial appliances were revised in 1997 vide OM No. S-11011/5/95-CGHS-(P) dated 25.6.1997. The matter of revision of rates and updation of lists of artificial appliances has been under consideration of this Ministry for some time. The matter has been examined in consultation with the experts in Directorate General of Health Services and it has been decided to update the list of the artificial appliances and revised as per the details given in ongoing paras.

2. Keeping in view the various categories of appliances, the lists of artificial appliances have been categorized as per the following three Annexure and rates of artificial appliances will be as per the Annexure-I, II and III to this OM:

Annexure-I: This contains list, rates and specifications of various types of Prosthetics (i.e. artificial limbs) like prosthetics for lower extremity, prosthetics for upper extremity **[Annexure-I has been divided into Annexure IA, IB, IC, ID and IE according to type]**.

Annexure-II: This contains the list, rates and specifications pertaining to the orthotics (i.e. callipers & braces) including lower extremity, upper extremity and spinal orthotics.**[Annexure-II has been divided into Annexure-IIA, IIB and IIC]**.

Annexure-III: This contains specifications and rates for items related to mobility aids.

3. The general guidelines for admissibility and reimbursement of expenses in respect of appliances mentioned in Annexures-I, II & III will be as under:

(i). Maintenance Cost will be borne by the beneficiary.

(ii). The appliances will be allowed for re-issue on completion of 5 years in case of adults and 2 years in the case of children except motorized wheel chair and tricycle.

contd....2/-

(iii). Motorized wheel chair and tricycle will be re-issued after 5 years irrespective of age.

(iv). High end prosthetics/appliances will be reimbursed only to the following category of Govt. Servants & their dependent family members subject to fulfilling of other criteria :-

(a) Govt. Servants & their dependent family members participating at the State level sport activities duly certified by the competent Sports Authority.

(b) Upper Age limit for the sophisticated prosthetic appliances will be 45 years.

(c) Military or para-military personnel duly certified by their respective Medical Boards that the person has sustained injury while on field duty or undergone amputation because of injury sustained while performing such duty.

(d) The reimbursement will be made within the ceiling limit fixed for such appliances beyond which the beneficiary will bear the cost

(v). For admissibility of reimbursement, the appliances need to be prescribed by a Professor/Senior Specialist or Specialist of equivalent rank working in any Govt. hospitals in the specialties of Physical Medicine and Rehabilitation (PMR) or Orthopaedic surgery. The prescription should be in generic name and not by proprietary name.

(vi). Prosthetic components and Orthotic joints used in appliances should have BIS/CE (Europian) Certification for the purposes of reimbursement and fabricated by firms having qualified Prosthesist/Orthotists.

(vii). Keeping in view, the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general. However, in order to rationalize the rates for some of the items, specific age group has been mentioned against the individual items in Annexure-I and Annexure-II, based on the size of the appliances.

(viii). There may be certain items which are not included in Annexure, but may be prescribed by qualified Government Rehabilitation Specialist/Orthopaedic Surgeon, (not below the level of Consultants), depending on individual disabled patient's requirements for example disability car gadgets. In such cases, items costing below Rs.50,000/- can be purchased with three quotations as per prescribed specifications with the permission of HOD of the concerned departments. For items costing above Rs. 50,000/- prior permission will have to be obtained from Additional Directors, CGHS of the concerned city or concerned DDG in the Dte.GHS looking after CS(MA) Rules, on the basis of three quotations and approval of Technical Standing Committee.

contd....3/-

(ix). The artificial appliances should be procured from any Government Undertaking/ Authorised Alimco dealers, N.G.Os approved by Ministry of Health & Family Welfare/and private manufactures. It should be certified by the prescribing Government Orthopaedic Surgeon/Government Rehabilitation Specialists (PMR) to the effect that the appliances are as per Specification and working satisfactorily.

(x). The list of items and rates will be revised every 5 years.

(xi). Reimbursement of items in the enclosed list will be made by HODs of the departments and CGHS in case of Pensioner CGHS beneficiaries, etc.

4. This OM supersedes all earlier orders issued from time to time under CGHS/CS (MA) Rules, 1944 on the subject for allowing reimbursement in respect of artificial appliances for CGHS/CS(MA) beneficiaries.

5. This OM will come into effect from the date of issue and will be valid till revision of the rates after five years.

6. This issues with the approval of Secretary (H&FW) and concurrence of Integrated Finance Division.

(Ravi Kant)
Under Secretary to the Government of India

1. All Ministries/Departments, Government of India
2. DDG(M), Dte.GHS/CMO(SRA), Dte.GHS, Dte.GHS, MoHFW
3. Director, CGHS, Nirman Bhawan, New Delhi
4. Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
5. AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
6. All Addl. Directors/Joint Directors of CGHS cities outside Delhi
7. Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), CGHS, New Delhi
8. JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
9. Rajya Sabha/Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.S.C. Dholpur House, New Delhi
12. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
13. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
14. PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
15. CGHS(P) Section/MS Section/Hospital Empanelment Cell, CGHS/MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi

contd....4/-

16. CGHS-I/II/III/IV, MoHFW, Nirman Bhawan, New Delhi
17. Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi
18. Admn.I/Admn.II Section, Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
19. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
20. All Officers/Sections/Desks in the Ministry
21. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM)
24. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi – 110001
25. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
26. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
27. UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
28. Swamy Publishers (P) Ltd., P.B. No.2468, R.K. Puram, Chennai-600028
29. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Dayaganj, New Delhi
30. Sr.Technical Director, NIC, MoHFW, Nirman Bhawan, New Delhi with the request to upoad this OM on the Ministry's website under the link of CS (MA) Rules – OMs and Circulars
31. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
32. Guard file

ANNEXURE-IA

LOWER EXTREMITY PROSTHETICS (Above 12 years)

Sl. No.	Name of Prosthesis	Approved Rate/Price
1.	**Transtibial prosthesis (Below Knee Prosthesis)** (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter , Bonded Pylon/Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket charges, etc.)	Rs.20,000/-
2.	**Transtibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner**	Rs. 37000/-
2.a	**Transtibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism**	Rs.45500/-
3.	**Symes Prosthesis** Its component includes- SYME'S FOOT, Foot Adapter Sleeve Suspension, Socket Mounting Adaptor, Covering Socks Socket charges, etc.	Rs.19300/-
4.	**Partial Foot Prosthesis (Shoe with filler)**	Rs.7000/-
5.	**Trans Femoral Prosthesis (Above Knee Prosthesis)** (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter, Bonded Pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 40840/-
6.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve**	Rs.40840 + 3800=44640/-
7.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/ PU liner**	Rs.61140/-
7.a	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon /PU liner with shuttle lock mechanism**	Rs. 69640/-
8.	**Knee Disarticulation Prosthesis** (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges	)Rs. 51940/-
9.	**Hip Disarticulation Prosthesis** (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	Rs.60300/-

ANNEXURE-IB

LOWER EXTREMITY PROSTHETICS (CHILD UPTO THE AGE OF 12 YEARS)

Sl. No.	Name of Prosthesis	Approved rate/Price (Child 7-12 years)	Approved rate/Price (Child 0-6 years)
1.	**Transtibial prosthesis (Below Knee Prosthesis)** (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.)	Rs.18,140/-	Rs.5000/-
2.	**Trans Tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner**	Rs. 35,140/-	Not applicable
2.a	**Trans Tibial Prosthesis with silicone / PU liner with shuttle lock mechanism**	Rs. 35140+ 8500 =43640	Not Applicable
3.	**Symes Prosthesis** Its component includes- SYME,S FOOT , Foot Adapter Sleeve Suspension, Socket mounting adaptor, Covering Socks Socket charges	Rs.19300/-	Rs.5000/-
4.	**PARTIAL FOOT PROSTHESIS (Shoe with filler)**	Rs.4000/-	Rs.1500/-
5.	**Trans Femoral Prosthesis (Above Knee Prosthesis)** (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 49,980/-	Rs.12000/-
6.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve**	Rs.49980 + 3800=53,780/-	Not Applicable
7.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner**	Rs.70,280/-	Not Applicable
7.a.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/PU liner with shuttle lock mechanism**	Rs. 70280+ 8500=78780	Not Applicable
8.	**Knee Disarticulation Prosthesis** (Its components include-S.S. Pylon/		

	tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 49,980/-	Rs.12000/-
9.	**Hip Disarticulation Prosthesis** (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	Rs.60300/-	Rs.15000/-

NOTE:

1. Prescription of Trans Tibial Prosthesis may be considered as Below Knee Prosthesis.
2. Prescription of Trans Femoral Prosthesis may be considered as Above Knee Prosthesis.

ANNEXURE-IC

HIGH END LOWER EXTREMITY PROSTHETICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	**Transtibial prosthesis (Below Knee Prosthesis)** (Its components include- S.S. Pylon/ tube, DYNAMIC RESPONSE FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.)	Rs.26,700/-	Not Applicable	Not Applicable
2.	**Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner**	Rs.43700/-	Not Applicable	Not Applicable
3.	**Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism**	Rs.52200	Not Applicable	Not Applicable
4.	**Trans Femoral Prosthesis (Above Knee Prosthesis)** (Its components include- S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter, Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 47,540/-	Not Applicable	Not Applicable
5.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve**	Rs.47540 + 3800=51,340/-	Not Applicable	Not Applicable
6.	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner**	Rs.64,540/-	Not Applicable	Not Applicable

7	**Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner with shuttle lock mechanism**	64540+ 8500=73040/-	Not Applicable	Not Applicable
8.	**Knee Disarticulation Prosthesis** (Its components include- S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs.58640/-	Not Applicable	Not Applicable
9.	**PARTIAL FOOT PROSTHESIS**			
9a.	**Shoe filler with carbon plate**	Rs.9000/-	Rs.5000/-	Rs.3000/-
9b.	**GREAT TOE SILICON PROSTHESIS**	Rs.9000/-	Rs.5000/-	Rs.3000/-
9c.	**Silicone Prosthesis For Second Toe to Vth Toe**	Rs.7500/-each	Rs.4000/-	Not Applicable

RECOMMENDED CRITERIA FOR HIGH END PROSTHESIS

1. Dynamic foot can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
2. Dynamic foot can also be prescribed for young / children and dynamic athletes of University, cultural activities, State/ National or international level.
3. Shoe filler with carbon plate can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
4. Shoe filler with carbon plate can also be prescribed for young / children and dynamic athletes of University, Participating in cultural activities, at State / National or international level.
5. In case of Bilateral Upper Limb amputation, Externally Powered Prosthesis /Myoelectric Prosthesis may be prescribed for one side and body powered Prosthesis or Passive Prosthesis for the other side.

ANNEXURE-ID

UPPER EXTREMITY PROSTHETICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	**Trans Radial or Below Elbow / Wrist Disarticulation Passive Prosthesis**	Rs.10,000/-	Rs.5000/-	Rs.2000/-
2.	**Body Powered Prosthesis (Trans Radial or Below Elbow / Wrist Disarticulation) Its components includes trans radial kit and socket**	17000/-	12000/-	Not Applicable
3.	**Trans Humeral or Above Elbow / Elbow Disarticulation Passive Prosthesis**	Rs.20,000/-	Rs.10,000/-	Rs.5,000/-
4.	**Body Powered Prosthesis (Trans Humeral or Above Elbow / Elbow Disarticulation)**	28000/-	22000/-	Not Applicable
5.	**Shoulder Disarticulation Passive Prosthesis**	Rs.30,000/-	Rs.20,000/-	Rs.10,000/-
6.	**Shoulder Disarticulation body powered Prosthesis**	Rs. 37,000/-	28000/-	Not Applicable

ANNEXURE-IE

HIGH END UPPER EXTREMITY PROSTHETICS (ADULT)

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved rate/Price CHILD (0-6) Years
1.	**Externally Powered below elbow or Trans radial / Wrist Disarticulation prosthesis** (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and socket, etc)	**Rs.1,29,500/-**	Not Applicable	Not Applicable
2.	**Externally Powered Trans Humeral / Elbow Disarticulation Prosthesis** (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit, Mechanical Elbow, Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and sockets, etc)	**Rs.1,76,500/-**	Not Applicable	Not Applicable
3.	**Silicone Finger Prosthesis each**	Rs.7000/-	Rs.5000/-	Not Applicable
4.	**Silicone Thumb Prosthesis**	Rs.8000/-	Rs.6000/-	Not Applicable
5.	**Silicone Partial Hand Prosthesis**	Rs.35000/-	Rs.25000/-	Rs.10,000/-

ANNEXURE-IIA

SPINAL ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	**Soft / Semi rigid Cervical Collar**	200/-	200/-	Not Applicable
2.	**Philadelphia or Two post Cervical collar / Head Cervical Orthosis (Moulded collar)**	1500/-	1500/-	1200/-
3.	**Soft L.S. corset / Belt**	700/-	500/-	Not Applicable
4.	**SOMI BRACE / Three Post Cervical Orthosis**	2000/-	2000/-	Not Applicable
5.	**Four Post Cervical Orthosis**	1200/-	1000/-	800/-
6.	**Rigid L.S.O / Chair Back Orthosis**	1200/-	1000/-	Not Applicable
7.	**Rigid TLSO / Taylor,s brace, Knight Taylor,s brace, William,s brace**	1500/-	1200/-	1000/-
8.	**Hyperextension brace / ASH / CASH / JEWETT BRACE**	1200/-	1000/-	Not Applicable
9.	**CTLSO (MILWAUKEE BRACE)**	5000/-	5000/-	Not Applicable
10.	**Head Cervical Thoraco Orthosis (HCTO)**	1500	1500/-	1200/-
11.	**TLSO BI- Valve / Body Jacket**	3000/-	3000/-	2500/-
12	**UNDER ARM BRACE (Boston Brace / Miami Brace / Wilmington Brace / NYOH Brace)**	3500/-	3500/-	Not Applicable
13.	**HALO BRACE**	15000/-	Not Applicable	Not Applicable

Abbreviations:

1. **L.S.O--- Lumbo Sacral Orthosis**
2. **ASH- Anterior Spinal Hyperextension Brace**
3. **CASH-- Cruciform Anterior Spinal Hyperextension**
4. **TLSO---- Thoraco Lumbo Sacral Orthosis**
5. **CTLSO----- Cervical Thoraco Lumbo Sacral Orthosis**

ANNEXURE-IIB

LOWER EXTREMITY ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	**Soft Heel Pad / M.T. Pad with Insole (One Piece)**	200/-	200/-	Not Applicable
2.	**Arch Support (Unilateral)**	300/-	200/-	200/-
3.	**Silicone / PU arch support (One Piece)**	350/-	250/-	Not Applicable
4.	**Medial / Lateral Wedge**	100/-	100/-	100/-
5.	**Soft Insole cross link polymer (One Piece)**	100/-	100/-	Not Applicable
6.	**Soft Insole (Plastozote) One Piece**	300/-	200/-	Not Applicable
7.	**Silicone / PU Insole (One Piece)**	500/-	Not Applicable	Not Applicable
8.	**Silicone Heel Cushion (One Piece)**	300/-	Not Applicable	Not Applicable
9.	**Molded / customized Insole (One Piece)**	600/-	500/-	400/-
10.	**Silicone Toe separator (One Piece)**	200/-	100/-	Not Applicable
11.	**UCBL (Unilateral)**	800/-	600/-	500/-
12.	**SMO without shoes (One Piece)**	1200/-	1000/-	800/-
13	**Flat Feet / CTEV Shoes Pair (Leather)**	1200/-	800/-	700/-
14.	**Molded Shoe (Leather)- one side normal & one side affected**	2200/-	1600/-	Not Applicable
15.	**Molded Shoe (Leather)- both side affected**	3000/-	2000/-	Not Applicable
16	**Shoe Raise**	Rs. 50 per ½ inch	Rs. 50 per ½ inch	Not Applicable
17.	**Open toe shoes for paraplegic one pair**	1500/-	-Not Applicable	Not Applicable
18.	**D.B. Splint with / without shoe**	Not Applicable	Not Applicable	800/-
19.	**AFO Conventional (One Side)**	2500/-	2000/-	1500/-
20.	**AFO Conventional (Bilateral)**	3500/-	2700/-	2000/-

21	**Polypropylene / Customized A.F.O without shoes**	1200/-	1000/-	800/-
22.	**FRO (Floor Reaction Orthosis)**	1800/-	Not Applicable	Not Applicable
23.	**Pneumatic walker**	3500/-	Not Applicable	Not Applicable
24.	**Knee Orthosis Polypropylene (Valgum /Varus, immobilizer etc.)**	1500/-	1200/-	900/-
25.	**P.T.B Brace without shoes**	1800/-	1500/-	1200/-
26.	**Knee Sleeve without hinge**	500/-	500/-	Not Applicable
27.	**Knee Sleeve with hinge**	800/-	800/-	Not Applicable
28.	**Off loader Knee Orthosis**	17000/-	Not Applicable	Not Applicable
29.	**KAFO conventional with shoe (One side)**	4000/-	3200/-	2000/-
30.	**Bilateral KAFO conventional with shoe**	5500/-	4500/-	4000/-
31.	**KAFO custom molded without shoe (One side)**	4000/-	3200/-	2000/-
32.	**Femoral Fracture Brace Non weight relieving**	1500/-	1000/-	800/-
33.	**Femoral Fracture Brace weight relieving**	4000/-	3200/-	2000/-
34.	**HKAFO Conventional with shoes (One side)**	5000/-	4000/-	3000/-
35.	**Bilateral HKAFO Conventional with shoes**	6500/-	5500/-	4500/-
36.	**HKAFO Polyproxyline custom moulded without shoes (One side)**	5000/-	4000/-	3000/-
37.	**Trilateral Orthosis**	4000/-	3200/-	2000/-
38.	**HIP Abduction Orthosis (Conventional)**	Not Applicable	1000/-	1000/-
39.	**Pavlik Harness for CDH**	Not Applicable	Not Applicable	2500/-
40.	**Hip Bracing (Immobilizer)**	2000/-	1500/-	Not Applicable
41	**SWASH Brace**	Not Applicable	18000/-	18000/-
42	**Reciprocating Gait Orthosis**	32000/-	Not Applicable	Not Applicable

ANNEXURE-IIC

UPPER EXTREMITY ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	**Finger orthosis static (One Piece)**	150/-	100/-	100/-
2.	**Finger orthosis dynamic (One Piece)**	200/-	100/-	100/-
3.	**Hand Orthosis**	400/-	300/-	300/-
4.	**Thumb Spica / stabilizer**	300/-	200/-	200/-
5.	**Knuckle bender**	500/-	350/-	Not Applicable
6.	**Wrist Hand Orthosis (Static) P.P**	700/-	500/-	400/-
7.	**Wrist Hand Orthosis (dynamic)**	1000/-	700/-	500/-
8.	**Elastic Wrist Hand Orthosis**	400/-	300/-	200/-
9.	**Tennis Elbow support**	200/-	200/-	Not Applicable
10.	**Adjustable arm sling**	300/-	300/-	Not Applicable
11.	**Elbow orthosis (static)**	900/-	700/-	500/-
12.	**Elbow orthosis (Dynamic)**	1000/-	800/-	600/-
13.	**Fracture Brace (Below Elbow)**	1200/-	800/-	700/-
14.	**shoulder brace (Immobilizer)**	1000/-	800/-	700/-
15.	**Gun slinger shoulder orthosis**	1000/-	Not Applicable	Not Applicable
16.	**Humeral fracture brace without elbow hinge and forearm support**	1200/-	800/-	800/-
17.	**Humeral fracture brace with elbow hinge and forearm support**	1600/-	1200/-	1000/-
18.	**Shoulder Elbow Wrist Hand Orthosis (Air plane splint)**	2200/-	1600/-	1400/-

ANNEXURE III

MOBILITY AIDS

S.NO.	NAME OF ORTHOSIS	**Approved Rate/Price** (Above 12 years of age)	**Approved Rate/Price** CHILD (7-12 Years)	**Approved Rate/Price** CHILD (0-6) Years
1.	Walking Stick (Adjustable) Aluminium	350/-	350/-	Not Applicable
2.	Tripod / Quadripod walking stick Aluminium	750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch / Elbow crutch (Aluminum) Adjustable	850/-	650/-	Not Applicable
4.	Walker/Rollator (Aluminium)	1500/-	1200/-	900/-
5.	C.P.Chair / C.P.Stand	Not applicable	7300/-	7000/-
6.	Commode Chair	2500/-	2500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	7000/-	4000/-	Not Applicable
8.	Motorized Wheel chair			
	(i) Quadriplegic wheel chair with Chin and Head Control	1,10,000/-	Not Applicable	Not Applicable
	(ii) Quadriplegic wheel chair with joy stick	60,000/-	Not Applicable	Not Applicable
	(iii) Motorized wheel chair (Handle driven)	35,000/-	Not Applicable	Not Applicable
9.	Tricycle Hand Propelled	6000/-	Not Applicable	Not Applicable

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