



**STANDARD OPERATING PROCEDURE:
ECHS REVISED EDITION APRIL 2026**



**COMPILED BY
RC ECHS DEHRADUN**

**STANDARD OPERATING PROCEDURE: ECHS PATIENTS
REVISED EDITION APRIL 2026**

NOTE:-

1. **No ECHS beneficiary will be charged any cash for any consultation/ test/ investigation/ procedure unless the ECHS patient or his attendant willingly opt for a higher cost implant/ procedure which is not covered in ECHS/ CGHS Rate list.**
2. **As per terms of MoA, all ECHS patients must be given priority.**

What is ECHS?

3. Ex-servicemen Contributory Health Scheme caters for cashless & capless medical care to all Ex-Servicemen (ESM) pensioners and their dependents through a network of ECHS polyclinics, military hospitals & empanelled Government & private health care organisations/ hospitals.


Who all are authorised for treatment under ECHS?

4. All retired defence personnel of any rank in the Indian Army, Indian Navy and Indian Air Force & their eligible dependents carrying an authorised & valid ECHS card are authorised medical treatment under ECHS. They are being referred as ECHS beneficiaries.

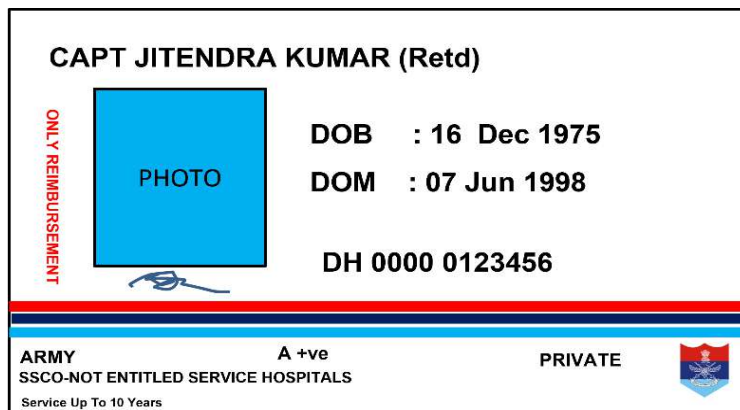
Type of Card Holders & benefits

5. **General ECHS 64 KB Smart Card.** Generally, all ECHS beneficiaries are issued with this 64 KB smart card which contains details given below A sample is also shown below. Such card holder are authorised all kinds of treatment under ECHS. The details on a normal ECHS card are as under: -

- 5.1. Rank & name.
- 5.2. Relationship in case of dependents.
- 5.3. Date of Birth (DOB).
- 5.4. Date of membership (DOM).
- 5.5. The 12-digit Card Number starting with two alphabets indicating Region, ie for Dehradun region it is DH 0000 0123 2345.
- 5.6. Defence Force
- 5.7. Blood Group Type.

CAPT JITENDRA KUMAR (Retd)		
<div style="border: 1px solid black; width: 100px; height: 100px; background-color: #00aaff; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> PHOTO </div>	DOB : 16 Dec 1975 DOM : 07 Jun 1998 DH 0000 0123 7456	
ARMY	A +ve	PRIVATE
		

6. **ONLY REIMBURSEMENT ECHS Smart Card.** Such card holders are authorised medical treatment in empanelled Hospital at CGHS/ ECHS rates on payment basis. They are not entitled for cashless treatment at empanelled hospital. Sample of the card is given below. **Most of the times hospitals proceed with cashless treatment for such beneficiaries, which is incorrect.**



7. **Temporary Slip.** ECHS beneficiaries who have applied for ECHS smart card are issued with Temporary Slip ink signed by Officer In charge of the Polyclinic. They are entitled for all treatment like ECHS beneficiary holding a valid general ECHS smart card. The validity of this slip is 06 months from date of issue & can be extended on three monthly basis if required.

8. **New Born Baby.** New born babies are considered dependents on mother's ECHS card up to three months of age. A separate card is not required. Treatment in ECHS will be provided on mother's ECHS card. Billing will be made on the name of mother with details of newly born baby mentioned.

TREATMENT IN EMPANELLED HOSPITALS: PROCESS



9. **Scope of Services Offered.** The empanelled hospital will provide all services/ treatment empanelled with ECHS. Wherein a patient is referred to empanelled hospital for any treatment, it must be done in totality. The hospital will not treat a patient for the services which are not empanelled with the ECHS. **However, in emergency cases the hospital will offer its non-empanelled facility/ treatment available to ECHS patient on cashless basis.**

10. **Earmarking of Authorises Representative.** Empanelled hospital must earmark a representative who can be approached by the ECHS beneficiaries in case of assistance. His contact details must be prominently displayed at ECHS reception/ help desk & also on hospital website.

11. **Referral from Polyclinic.** ECHS polyclinics issue referral (OPD/ IPD) to an ECHS patient to authorise him to approach any of the empanelled hospital for consultation, tests/ investigations, treatment & procedures. The highlights of an ECHS referral are as under: -

11.1. It is **valid for three months** from date of issue.

11.2. An ECHS patient can consult **three specialists** based on the recommendation of primary specialist for a max of six (**06 consultations**) times within the duration of validity of the referral. For example, if a ECHS patient has been referred to Medical Specialist of the empanelled hospital by the Polyclinic, the medical specialist can refer the ECHS patient to any other two specialists, ie cardiologist/ gastro specialist, etc.

11.3. No separate referral is required for listed CGHS/ ECHS tests/ investigations/ procedures recommended by the specialist of the empanelled hospital up to Rs 3000/- including CT scan, etc.

11.4. **For listed tests/ investigation above Rs 3000/-, an ECHS referral is must.**

11.5. Similarly, no approval is required for unlisted tests/ investigation below Rs 5000/-. **Online approval from ECHS authorities will be required on ECHSF-U for unlisted tests/ investigation/ implants/ procedures above Rs 5000/-.**

12. **Referral for Cancer/ Diabetes/ Hypertension Patients.** In case of ECHS patients requiring dialysis, undergoing cancer treatment (Radiotherapy, Chemotherapy etc), suffering from diabetes, hypertension & other cardiac patients, the referral will remain valid for 180 days. The number of sessions will be specified by the Medical Officer of Polyclinic/ Military hospital.

13. **Referral & Types.** There are two types of referrals: -

13.1. **OPD Referral.** Salient features of OPD referral are: -

13.2. OPD referral is issued to ECHS patients for consultations with recommended specialist of the empanelled hospital & investigations if required.

13.3. On recommendation of the specialist of the empanelled hospital, the hospital can undertake all CGHS/ ECHS listed tests/ investigations/ procedures up to Rs 3000/-. For listed tests/ investigation above Rs 3000/- an ECHS referral is must.

13.4. For any unlisted procedure above Rs 5000/- advised by the specialist online approval from ECHS Polyclinic will be taken by the empanelled hospital by raising Form ECHSF-U.

13.5. OPD referral cannot be used for admission of a patient.

13.6. **IPD referral.** On advice of the specialist of the empanelled hospital / military hospital for admission for further treatment/ procedure, Polyclinic issues an IPD referral to the ECHS patients. Empanelled hospitals will not admit a patient without IPD referral.

13.7. **IPD to OPD.** Empanelled hospital can convert an IPD referral to OPD referral on BPA portal if the patient does not require admission.

14. **Direct OPD Vis by Senior ECHS Patients (70 Years & Above).** ECHS beneficiaries of age 70 years & above can visit an empanelled hospital for consultation/ investigations on OPD basis without referral from ECHS.

14.1. No separate referral is required for any listed tests/ investigations below or above Rs 3000/- for such patients.

14.2. Online approval for unlisted test/ procedure above Rs 5000/- would be required from ECHS authorities.

14.3. IPD referral from ECHS authorities is a must for admission in the hospital.

15. **Proxy Consultation.** Consultation in empanelled hospital in proxy is not permitted normally. However, for bed ridden patient proxy consultation may be provided on production of an undertaking from the patient itself, keeping Regional Centre in loop.

Cancer Patients

16. As per latest guidelines issued by Ministry of Defence in Dec 2025 & subsequently, ECHS authorities will be responsible for provisioning of anti-cancer drugs required for Chemotherapy & immunotherapy for cancer patients. The Drug provided by ECHS will be administered by the empanelled hospital. In cases the ECHS authorities fail to provide the required anti-cancer drug to the cancer patient, oncology empanelled hospitals will provide the chemotherapy/ immunotherapy drug/ injectables on production of NA cum Referral from ECHS & claim the expenditure. The empanelled hospital will bear following in mind while providing anti-cancer drug to ECHS patients: -

16.1. Drugs will be administered only on production of valid NA cum referral from ECHS polyclinic, wherein the MO of ECHS Polyclinic clearly mentions availability or Non availability of the anti-cancer drug in the referral.

16.2. Hospitals have option of either to claim the MRP cost for the drug wherein 70 % of the MRP will be reimbursed or claim external vendor's GST invoice rate wherein reimbursement will be limited to GST invoice Rates. Please refer to the directions from RC ECHS Dehradun issued from time to time on the subject.

16.3. Hospitals bill upload drug pouch displaying MRP, expiry date, manufacturing date, etc while claiming reimbursement at MRP.

16.4. In case hospital wishes to claim reimbursement at GST invoice rate, external vendor invoice will be uploaded along with picture of the pouch of the drug.

Documents for Treatment In Empanelled Hospital

17. ECHS smart card with photocopy and referral from will be produced at the hospital reception for availing of the treatment by the ECHS beneficiaries. In case of mismatch of data in the card and the referral from Polyclinic, empanelled hospital may seek ADHAR of the patient.

Approvals in ECHS

18. **Unlisted Tests/ Investigations/ Procedures.** Empanelled Hospitals will always seek online approval from ECHS polyclinic for any unlisted test/ investigation/ procedure costing more than Rs 5000/-, recommended by their specialist of the hospital by raising form ECHSF-U online on BPA site to Nodal PC/ Primary PC. Such test/ investigation/ procedure will only be undertaken on receipt of the approval. **ECHS patient or his/ her relatives will not be asked to run around to get approval from ECHS authorities.**

19. **Recommendations by Specialist of Military Hospital.** No separate approval/ referral is required for any listed/ unlisted test/ investigation advised by specialist of Military Hospital. For example, an ECHS patient might report to empanelled hospital for administration of intravitreal injection along with advice of ophthalmologist of military hospital. In this case empanelled hospital need not raise online approval form ECHSF-U.

20. **Major Surgeries.** An ECHS patient advised to undergo following major surgeries/ transplant need to have a prior permission/ approval from ECHS Standing Committee: -

20.1. Heart Transplant – ceiling Rate **Rs 15.0 Lakhs.**

20.2. Lung Transplant - ceiling Rate **Rs 25.0 Lakhs.**

20.3. Heart & Lung Transplant (combined) -ceiling Rate **Rs 35.0 Lakhs.**

21. In emergency cases wherein above surgeries are essential for saving life, ex post facto sanction can be provided by the ECHS standing committee on case-to-case basis.

Admission

22. Empanelled hospital will admit ECHS patients on IPD referral from the ECHS polyclinic. However, in cases of emergency, no referral is required.

23. **Emergency Admission.** ECHS Patients arriving in emergency conditions specified below, will be admitted without any referral.

23.1. Emergency Conditions.

23.1.1. Acute Cardiac Conditions/ Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Super ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection.

23.1.2. Vascular Catastrophise including medical and surgical shock and peripheral circulatory failure, Acute limb ischaemia, Rupture of aneurysms.

23.1.3. Cerebro-Vascular Accidents including Strokes; Neurological Emergencies including coma, cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.

23.1.4. Acute Respiratory Emergencies including respiratory failure and decompensated lung diseases.

23.1.5. Acute abdomen including acute obstetrical and gynaecological emergencies.

23.1.6. Life threatening injuries including road traffic accidents, Head injuries, Multiple injuries, Crush injuries and thermal injuries.

23.1.7. Acute poisonings and snake bite. Heat stroke and cold injuries of life-threatening nature.

23.1.8. Acute endocrine emergencies like Diabetic Ketoacidosis.

23.1.9. Acute Renal Failure.

23.1.10. Severe infections leading to life threatening sequelae including Septicemia disseminated/ miliary tuberculosis.

23.1.11. Any other condition in which delay could result in loss of life or limb.

23.2. MO/ specialist of the hospital attending the ECHS patient will be the final authority on emergency diagnosis.

23.3. Cases of animal bite will be treated as emergency & treatment will be provided on day care charges basis.

23.4. **Emergency Intimation Report (EIR).** The empanelled hospital will raise an emergency report (ER) on BPA portal for information of ECHS polyclinic on admission of an emergency case within 48 hours from the time of admission. Officer in charge of the Polyclinic will approve this ER within 24 to 48 hours.

23.5. **Geo Tagged Photograph of the Patient.** The hospital must attach a geo tagged photograph of the patient admitted in emergency along with EIR.

23.6. **Verification Call.** ECHS authorities will make a verification call preferable video call on the registered mobile number of the patient. In case the patient is not carrying regd mobile number, the hospital must arrange for a video call to OIC Polyclinic for verification call.

24. **Warning.** Provision of treatment in emergency should not be misused either by the ECHS beneficiary or the empanelled hospital. Misuse may result in serious consequences. Benefit of doubt should be given to the patient.

25. **Denial of Admission.** **Empanelled hospital would not deny admission to any ECHS patient.** However, in cases of non-availability of beds in entitled category, the hospital should either send the patient to other empanelled facility/ hospital under its own coordination or provide bed in non-entitled category if patient is willing. In emergency cases, hospital should not deny treatment. In case no space/ beds are available in ICU, the ECHS patient should be send to other empanelled hospital after stabilisation & first aid. It is the responsibility of the hospital to coordinate the movement of the patient to other empanelled hospital. Whenever a hospital is unable to admit a patient due to non-availability of bed, the hospital will inform OIC ECHS Polyclinic /Joint Director/ Director Regional Centre on phone about it, which will be followed by an email within 24 hours.

26. **Pseudo Emergency Cases.** There may be cases wherein after examination an ECHS patient who have arrived in emergency, the MO/ specialist at ICU / Emergency Ward concludes that the condition of the patient is not an emergency case and patient can be stabilised in few hours after medication. In such situations the patient should be discharged at the earliest on stabilisation and the empanelled hospital can claim day care charges for the duration of detention (up to 08 hours).

27. **Ward Entitlement in Empanelled Hospitals.** ECHS beneficiaries including the dependents are authorised wards as per their ranks on retirement. Various categories & room entitlements are given below: -

Serial	Rank at the time or Retirement	Entitlement
27.1.	NCOs & below of Army & equivalent in Navy & Air Force. Recruit/ Sep/ Naik/ Havin Indian Army; AC/LAC/Cpl/ Sgt in IAF & Sea-II/Sea-I/ LS/ PO in Indian Navy.	General Ward
27.2.	JCOs in Army & equivalent in the Navy & Air Force (Incl Hony ranks). Hony Nb Sub/ Nb Sub/ Sub/ SM/ Hony Lt/ Hony Capt in Indian Army/ JWO/WO/MWO/Hony Fg Offr/ Hony Flt Lt in IAF & Hony CPO/ CPO/ MCPO-II/ MPCO-I/ Hony Sub Lt/ Hony Lt in Indian Navy.	Semi Private
27.3.	Officers of Army, the Navy and Air Force. Cadet/ Lt/ Capt/ Maj/ Lt Col/ Col/ Brig/ Maj Gen/ Lt Gen/ Gen in Indian Army; Fg Offr/ Flt Lt/ Sqn Ldr/ Wg Cdr/ Gp Capt/ Air Cmde/ AVM/ Air Mshl in IAF & Sub Lt/ Lt/ Lt Cdr/ Cdr/ Capt (IN)/ Cmde/ RADM/ VADM/ ADM in Indian Navy.	Private Ward

28. Normally the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

29. **Any ECHS patients asking for a higher category of ward other than what is authorised to him/ her, it may be allowed subjected to availability on payment basis (difference between amount entitled category & desired category).**

29.1. **Room Rent.** Room/ ward rent as per entitlement will include charges for occupation of bed, linen, patient diet/ meals, nursing charges, charges for electricity, water etc. No separate charges will be levied on the ECHS patient.

29.2. **Geo Tagging of Photos.** Empanelled hospitals are required to submit geotagged photo of the ECHS patient at the time of admission & also at the time of discharge in normal & emergency admissions. These photos are to be included with the medical documents for processing of online medical claim. The time of admission & discharge must match the time mentioned in admission slip & discharge slip respectively. Hospital can use any Mobile App for geotagging of photos.

30. **Duration of Stay & Package Rates.** ECHS package rates are lump-sum costs for in-patient treatment or diagnostic procedures, covering various expenses from admission to discharge, including registration, accommodation, operations, medicines, and investigations. Various package rates are as under: -

Days	Treatment	Remarks
12 days	Specialized (Super Specialties) treatment	
Seven (07) days	Major Surgeries	
Three (03) days	Laparoscopic surgeries/normal deliveries	
One day (01) for day care	minor (OPD) surgeries	
Day care Charges	For detention less than 08 hours	

31. Package cost includes treatment/ procedure including admission charges, room rent, ICU/ ICCU charges, monitoring charges, operation theatre charges, operation charges, aesthetic charges, diet, surgeon fee, cost of disposals, surgical charges & cost of medicines used during the hospitalisation period, related routine investigations, physiotherapy charges etc. Package rates does not include telephone charges, TV charges, cosmetics, toiletries & tonics.

32. **Day Care Charges.** Any ECHS patient requiring admission for shorter duration of time, ie up to 8 hours or less, will be treated under day care charges. An IPD referral is must for admitting a patient for day care. Certain emergency admissions may also stabilise in few hours after initial treatment in ICU & may be fit for discharge in three to four hours. Hospital will claim day care charges for such patients.

33. **Extension of Stay Period in Hospital.** However, if the beneficiary has to stay in the hospital for his/her recovery for a period more that the period covered in the package rate, Empanelled Hospital will seek online approval for extension of stay duly supported by relevant medical records & justification. The additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than two visit per day byspecialists/consultants) and cost of medicines for additional stay. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection resulting as a consequence of surgical procedure or due to any improper unjustifiable procedure by the hospital. **All request for extension of stay will be accompanied with a fresh bedside geotagged photo of the patient in PDF format.**

Discharge

34. Empanelled Hospital will prepare discharge summary before discharging a patient. A patient will not be made to wait for this.
35. **Geo Tagged Photo of Patient.** The hospital will take a bedside geo tagged photo of the patient at the time of discharge. The time stamp on geo tagged photograph to match with the discharge timing in medical records.
36. **Medical Records/ Documents.** One copy of entire medical records will be provided to the patient on discharge from hospital including CD/ DVD/ x-rays etc, free of cost. Patient must have a chance to scrutinise his bills before discharge.
37. **Medicines.** Hospital will issue seven (07) days of medicines not costing more than Rs 2000/- on discharge of ECHS patient.
38. **Feedback from Patient.** Feedback from the patient or his attendant is compulsory before discharge & it's a mandatory part of medical claim. Patient should be encouraged to fill it diligently. It should be filled at the time of discharged only.
39. **Post Discharge Consultation.** In major surgeries the hospital will give free consultation upto Seven days which is included in package.

Medicine Management

40. **Medicines for OPD Patients.** ECHS patients in OPD will not be issued any medicines. They will get medicines prescribed by the specialist of the empanelled Hospital from dependent ECHS polyclinic. Hospital specialist will prescribe generic medicines only. Any medication involved in investigation/ tests will be provided by the hospital.
41. **Post Discharge Medicines.** Hospital will issue seven (07) days of medicines not costing more than Rs 2000/- on discharge of ECHS patient. Only essential medicines in generic form for continuity of treatment will be issued by the hospital. No Nutritional supplements, tonic, cough syrup, vitamins, injections will be issued by the hospital. No non-drug items/equipment/appliances will be issued.
42. **Branded Medicines.** HCOs as per provisions of MOA are bound to prescribe only generic drugs to all ECHS patients including those admitted in the hospital. In case branded medicines are prescribed in case of non-availability of generic drugs or essentiality of the branded drugs in the line of treatment, treating specialist has to submit a justification for use of branded medicines. Such justification will be uploaded along with the medical claim on BPA portal. Failing to provide the justification will lead to non-payment of medicines by ECHS.

Implants

43. Govt of India, Min of Health has put ceiling rates on majority of implants. These rates are specified in ECHS/ CGHS rate list. Empanelled hospital will use listed implants only. In case an ECHS patient or his attendant opt for higher value implant, then he/she would pay the difference of cost. Hospital must obtain a written consent from the patient or his attendant.

Outsourcing of Tests/ Investigations

44. Outsourcing of tests/ investigations is generally ~~not~~ allowed in ECHS. Empanelled hospital will not send an ECHS patient back to Polyclinic or any other hospital for lab/ diagnostic tests. If a hospital does not have the facility for a particular test/ investigation, it will organise same on its own expenditure for the IPD patient.

45. **PET CT scan.** The empanelled hospital empanelled for oncology services including PET CT scan will undertake PET CT scan at ECHS/ CGHS rates. In case the PET CT scan services are not available, ECHS patient will be advised to undertake same at other facility at CGHS rates.

Cancer Treatment

46. **Referral& Sessions.** Polyclinic will issue referral based on the recommendations of the oncologist of the empanelled hospital. Referral for cancer treatment is valid for six (06) months. The number of sessions will be decided by the Medical Officer at Polyclinic/ Military Hospital/ Govt Hospital based on the recommendations of oncologist of the empanelled hospital.

47. **Cancer Medicines.** All cancer patient will collect their medicines from dependent ECHS polyclinic on prescription of the oncologist of the hospital. Empanelled Hospital will not issue any cancer medicines to the ECHS beneficiary.

Follow Up Treatment

48. Critically ill ECHS patients are permitted for follow up treatment in the empanelled hospital.

49. ECHS patient does not require referral from the polyclinic for following post operative conditions: -

49.1. Postcardiac surgeries including coronary angioplasty.

49.2. Post organ transplant.

49.3. Post neuro surgery cases/ brain stroke cases requiring frequent follow up.

49.4. End stage renal disease/ liver failure cases.

49.5. Auto immune disorder requiring regular follow up treatment.

49.6. Neurological disorders like dementia, Alzheimer's disease, parkinsonism, etc.

50. **There is no time limit for follow up treatment.**

Dental Treatment

51. **Authorised Dental Treatment.** Following dental treatment/ procedures are permitted under ECHS: -

51.1. Diagnosis & treatment planning. Consultation, intra-oral periapical radiograph, occlusal x-rays, OPG, cephalogram, skull radiographs, maxillofacial CT, brush biopsy, exfoliative cytology & FNAC.

51.2. Restorative Dentistry.

51.3. Oral & Maxillofacial Surgery.

51.4. Prosthodontics.

51.5. Periodontics

51.6. Orthodontics.

52. **Implants.** Implants are not allowed for ECHS patients.

53. **Dental Referral.** ECHS patients below 70 years of age will require a referral from polyclinic for dental treatment listed above.

54. Fixed orthodontics treatment of therapeutic value is authorised only in cases where functionality is affected. It is not allowed for esthetical purpose.

Eye Treatment.

55. **Intravitreal Injection.** Empanelled Hospitals will take online approval from ECHS authorities on ECHSF-A form for Intravitreal Injections if recommended by the ophthalmologist of the Emp hospital for ECHS beneficiaries visiting hospital directly or patients referred from PC directly to Empanelled eye hospital due to non-availability of Ophthalmologist in Military Hospitals. If service/MH Ophthalmologist has recommended Intravitreal Injections then there is no requirement of approval from ECHS authorities. Patients are not required to come back to polyclinic for approval. It is responsibility of the hospital to get approval online.

GENERAL GUIDELINES

ECHS Rates (Revised 2025) - Package Rates

56. Structure of Differential Rates. Revised rates have been rationalised based on accreditation status, hospital type, city classification & ward entitlement:

56.1. **Non-NABH and Non-NABL HCOs:** 15% lower than NABH/NABL accredited HCOs. (NABL - National Accreditation Board for Testing and Calibration of Laboratories).

56.2. Rates for super specialty hospitals shall be 15% higher than those applicable to NABH-accredited hospitals for the corresponding Superspecialists within the same city category.

56.3. HCO located in Y (Tier II) cities & Z (Tier III) cities rates shall be 10% & 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 & Union Territories of Jammu & Kashmir & Ladakh.

56.4. The new package rates mentioned in are for semi-private ward. For general ward there will be a decrease of 5% in the rates, & for the private ward entitlement, there will be an increase of 5% on the applicable admissible claim amount.

56.5. Rates for consultations, radiotherapy, investigations, day care procedures & minor procedures not requiring admission shall remain uniform, irrespective of the ward entitlement.

57.6. For cancer surgeries, existing CGHS rules & rates continue in ECHS. However, revised rates apply to chemotherapy, investigations & radiotherapy.

58. Reimbursement of Multiple Surgeries. In cases where a patient undergoes multiple surgeries in same session i.e, One Operation Theatre (OT) Session the hospital will be reimbursed at:-

58.1. Primary surgery in a single OT session - 100% of its package rate.

58.2. Second surgery in the same session - 50% of its package rate.

59.3. Third & subsequent surgeries in same session - 25% of each respective package rate.

59.4. Primary Surgery is the Surgery with Highest Package Rate.

59. Identical Surgeries at Different Anatomic Sites. In cases where a patient undergoes identical surgeries at different anatomical sites (e.g., bilateral) during a single session the hospital will be reimbursed 100 % of its package rates for the first surgery & 50 % for the second procedure.

60. Any procedure within the package period of an earlier procedure (i.e procedure performed on a different date, but within same admission and within package period)

60.1. If a procedure is performed during the package period (typically upto 12 days) of an earlier procedure, the hospital will be reimbursed at 75% of its applicable package rate for the subsequent procedure performed within the package period.

60.2. 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.

61. Package Rates Definition. Package rates envisage up to a maximum duration of indoor treatment at an empanelled HCO. Various package rate duration are as under:-

61.1. Up to 12 days for Specialized (Super Specialties) treatment.

61.2. Up to 7 days for other Major Surgeries.

62.3. Up to 3 days for/ Laparoscopic surgeries / elective Angioplasty / normal deliveries.

61.4. One (01) day for day care / Minor (OPD) surgeries.

62. **CGHS Package Rates.** 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: -

- 62.1. Accommodation charges including patient's diet.
- 62.2. Admission charges.
- 63.3. Anaesthesia charges.
- 64.4. Cost of medicines and consumables/disposables.
- 65.5. Cost of surgical disposables and all sundries used during hospitalization.
- 66.6. Doctor/consultant visit charges.
- 66.7. Dressing charges.
- 66.8. ICU/ICCU charges.
- 66.9. Injection charges.
- 66.10. Monitoring charges.
- 66.11. Nursing care charges.
- 66.12. Oxygen charges, Ventilator charges as routinely required, if any etc.
- 66.13. Operation charges.
- 66.14. Operation theatre charges.
- 66.15. Physiotherapy charges etc.
- 66.16. Procedural charges/surgeon's fee.
- 66.17. Registration charges.
- 66.18. Related routine and essential investigations during the admission of patient.
- 66.19. Transfusion charges and Blood processing charges.
- 66.20. Equipment Charges including flow Tron, Infusion pump, syringe pump etc.

67. 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.

68. Chemotherapy Charges.

68.1. The package rate for chemotherapy includes procedural charges only.

68.2. Room rent, investigations, and anti-cancer medicines are reimbursable in addition to the procedural charges.

68.3. ECHS will provide anti-cancer medicines whenever feasible. If not provided, the HCO shall provide the medicine & submit the GST purchase invoice from external vendor for claiming GST invoice rates or drug/ vile pouch for claiming MRP (in cases of MRP, HCO will be reimbursed at 70 % of thr MRP cost).

69. Implants and Consumables.

69.1. Implants such as lenses, stents, meshes, & valves are reimbursable in addition to the package rates as per CGHS ceiling rates.

69.2. Unlisted implants will be reimbursed based on the actual invoice or as per NPPA (National Pharma Pricing Authority) rateswhichever is less.

69.3. All consumables& medicines, including guidewires & catheters, aredeemed inclusive in the package rate.

69.4. Drug-eluting balloon used in lieu of a stent is payable as per NPPA rates or actual invoice whichever is less.

70. Consultations. 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.

71. Nursing care Charges. Nursing care forms an essential part of the ward package and shall include, but isnot limited to, the following services: -

71.1. Medication administration (oral, IV, IM).

71.2. IV cannulation and infusion management

71.3. Ambulation/mobilization of patient

71.4. Ryle's tube feeding and enteral nutrition support

71.5. Care of catheters (urinary, ICD, central lines, etc.)

71.6. Wound and bedsore care

71.7. Tracheostomy care and oral hygiene

71.8. Personal hygiene and sponge bathing

71.9. Patient monitoring and recording

71.10. Health education to patient and/or caregiver

71.11. Nursing care charges are bundled in the ward charges & therefore not payable separately or billable to the patient.

72. ICU and Critical Care Unit Charges. Critical care services (ICU/CCU/ICCU/PICU/MICU/NICU, etc.) shall be considered standardized units with an inclusive package that covers: -

72.1. All medical & nursing care as described above in the critical care setting.

72.2. Monitoring, equipment, oxygen support, infection control, Nursing care assistance, and other ICU-specific consumables & services.

72.3. ICU rates apply uniformly across all ward entitlements, city category, type of hospitals & no additional charges are permissible for items included in ICU care.

73. Equipment Charges. Charges related to the use of medical equipment during inpatient or surgical procedures shall be considered inclusive within room rent or procedural package rates. These include: -

73.1. C-arm, surgical OT equipment.

73.2. DVT pump, infusion pump.

73.3. Portable X-ray or bedside diagnostics.

73.4. Attendant bed (in case of private and higher ward entitlement).

73.5. Any other machine or device used during the patient's stay or surgery.

73.6. **Separate billing for equipment usage is not permitted.**

BILLING GUIDELINES

74. Admissible and Non-Admissible Items. This annexure provides clarification on items and charges that are includable or excludable in bills as per CGHS. The HCO must adhere to these when billing ECHS or ECHS beneficiaries.

74.1. Consumables and Materials: Common medical consumables (cotton, gauze, gloves, syringes, needles, catheters, IV sets, tubing, dressing materials, etc.)

74.2. These items are considered part of the treatment package for surgical procedures and included in respective package rates. No separate charge for such items is admissible in bills of surgical packages.

74.3. In non-surgical (medical management) cases where no package rate exists, reasonable use of consumables is allowed and can be billed under consumables head. The HCO must ensure rational use of all consumables. Billing for extraordinarily high quantities without clinical need will be viewed seriously as potential inflation and penalised.

74.4. Vague billing entries like “consumables kit” or “procedure kit” without specifics (e.g., “lumbar puncture kit”, “dressing kit”, “nebulization kit”) are not acceptable. Such items shall be disallowed.

75. **Non-Admissible Items.** The following categories of items shall not be reimbursed by ECHS and the amount may be collected from beneficiary: -

75.1. Toiletries and Personal Use Items: e.g. soap, shampoo, toothbrush, toothpaste, comb, sanitary pads, diapers, hand sanitizers for personal use, mouthwash, tissue papers, etc. (These are considered personal hygienic items and not part of treatment costs.)

75.2. Cosmetics and Other Miscellaneous Personal Items: e.g. razors/shaving blades, beauty creams, powders, deodorants, oils (like coconut oil), talcum powder, makeup items, etc.

75.3. Non-Medical Services/Overheads: e.g. telephone charges for patient calls, bedside television charges, internet fees, patient’s attendant food, hospital gown for attendant, carry bags for medicines or belongings, etc. (Basic cost of a patient's own gown/drapes is included in ward charge, but if a hospital bills a kit, it is not reimbursable).

75.4. Attendant Charges: Any charge for providing an attendant (ayah / ward boy) specifically to the patient or charges for extra bedding for the attendant (except one attendant bed included in a private ward) are not reimbursable.

75.5. Professional nursing care is separate and included in the ward charges.

75.6. Mortuary or Cremation charges: If a patient expires, any charge like mortuary fee or transportation for last rites are not covered ECHS expense.

75.7. Extra Bedding/Blankets beyond norm: already included in ward charges cannot charge separately. Implant Upgrades: If the patient opts for an implant or prosthesis of higher value than what CGHS covers the difference in cost would not be reimbursable. The beneficiary may decide to bear that difference, with prior consent. Such differences should not be billed to ECHS/claimed.

(In summary, anything that is not directly related to treatment and is primarily for patient convenience or personal preference is non-admissible.)

76. **Inadmissible Additional Charges:** The HCO shall not separately bill for the following components, as they are considered part of standard charges for related services. Hence these are neither to be billed to ECHS nor amount to be collected from Beneficiaries:

76.1. Glucometer strips – Cost of blood glucose test strips is included as part of performing a Random Blood Sugar (RBS) test at bedside. No separate charge per strip is admissible if bedside glucose monitoring is done; it’s covered under investigation or ward service.

76.2. ECG leads/electrodes – included in the cost of an ECG. The hospital cannot charge for ECG electrodes or leads separately when billing for an ECG test.

76.3. Ventilator circuits or consumables – when a patient is on a ventilator, the disposables (tubing, filters, circuits) are considered included in the ventilator/ICU charge. No separate line item for “ventilator consumables” should be billed.

76.4. Ward facilities included in room charge: Items such as an air-bed, water bed, alpha bed or ripple mattress for bed sore prevention, routine air conditioning or heating charges, infusion pumps, DVT pump usage in ward, pulse oximeter or basic monitors, medical record photocopy charges, etc., are all included in the room/ward daily charge. They must not appear as separate charges.

76.5. Issuance of Medical Records/Films: Providing the patient with discharge summary, lab reports, X-ray/CT/MRI films or CD copies of scans is part of the treatment rates. No fee should be charged for giving these to patient (aside from very exceptional cases like multiple copies of a large file, but even then ECHS doesn't pay for it).

76.6. Vacutainers, syringes for investigations: Blood collection tubes, needles, lancets used for drawing samples are part of the lab test cost and not billable as separate “consumable” to ECHS.

(Essentially, any item that is by-nature a part of performing a test or procedure or running a ward facility cannot be carved out to charge extra.)

THE EMPANELLED HOSPITALS MAY ALSO VISIT ECHS WEBSITE www.echs.gov.in FOR MORE INFORMATION ON POLICY MATTERS. IN CASE OF DOUBTS WITH RESPECT TO TREATMENT OF BENEFICIARIES THE EMPANELLED HOSPITAL ARE REQUESTED TO APPROACH RC ECHS.