



O/o Pr. Chief Controller of Accounts
Central Board of Indirect Taxes & Customs,
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E-II/Med/70/Masterfile/2021-22/678

Dated: 20.09.2021

To,

The
Deputy Controller of Accounts (EZ), Kolkata
Deputy Controller of Accounts (WZ), Mumbai
Deputy Controller of Accounts (SZ), Chennai
All PAOs (NZ)
Central Board of Indirect Taxes & Customs,

Subject:- Guidelines of Medical claims checklist for the PAOs/DDOs -Reg

Sir/Madam,

This office often receives incomplete medical claims and due to that this office has to return the bill for necessary corrections/amendment. This leads delay in the settlement of the claims.

To avoid delay in settlement of claims, a draft proforma checklist has been prepared. This proforma may be communicated to the DDOs also through the concerned PAOs.

This proforma contains work sheet and guidelines which may be followed by Govt. employees and DDOs/PAO at the time of submission of Medical claims. This will enable minimizing the delay in disposing off the bills and dispense well-being to the claimants as well as DDOs/PAOs.

The competent Authority has invited your valuable views or comments on this within 20 days after receipt of this letter. So, this office may implement the same at the earliest.

Encl:- The proforma (Annexure-I to VI)

Yours faithfully,

Accounts Officer (E-II)

Copy to:

✓ The Accounts Officer (IT) for uploading on **ARPIT** Website

Accounts Officer (E-II)

Copy for information to :

The PS to The Chief Controller of Accounts{C}, O/o Pr. CCA, CBIC, New Delhi

Pl. upload on ARPIT

Aao (SC)

20/09/2021

77/IT-Section
21/9/21

DDO WORKSHEET

Name of the Patient	
CGHS Card No of patient	
Name of the Hospital	
Referred by (CGHS/AMA)	
Whether Hospital Recognized by CGHS	
NABH/NON-NABH Status	
Nature of Treatment(Emergency/Non Emergency/OPD/Day Care)	
Period of treatment in Hospital	
Basic Pay/Eligibility Ward	
Procedure/Treatment done in Hospital	
Whether Claim submitted within time	
Remarks	

Breakup of Hospital Diagnostic Lab Bill

S. No.	Particulars	Amount Claimed	Amount Admissible as per CGHS/AMA rate	CGHS Rate list No./Order No./	Remarks if any
Total Expenditure					
Less: Advance Received From Office					
Final Permissible Amount					
<ul style="list-style-type: none"> • Certified that all above are as per CGHS/AIIMS Rate • Certified that "Inadmissible Medicine List" of CGHS has been checked before allowing Medicine/Sundries • All the Bills/Vouchers are enclosed, pertain to medical claim. 					
					Signature of DDO Seal

Guidelines for Medical Bills Pertaining to diagnostic Lab Investigations

To be Submitted by Government Employee

1	Medical Reimbursement Claim Form
2	Xerox Copy of CGHS Card
3	Xerox Copy of CGHS/AMA Reference to Diagnostic Centre
4	Original Bills/voucher/certificate obtained from Diagnostic Centre with Breakup of Lab Investigation

Scrutiny at DDO Office

1	Whether Final Bill contains S. I No. 1-4 Above.
2	Whether the Hospital/Laboratory is recognized by CGHS Empanelment List
3	Whether the Bill date is within the period of CGHS referral Letter (with 1 Month)
5	Prepare a DDO worksheet/Check list as pr Annex-I pertaining to Diagnostic Lab Investigation, containing the Deception of Test, Amount Claimed, Amount Admissible CGHS/AIIMS Reference Number
6	Restricted/Approved amount to be mentioned and attested by DDO through "Passed for Payment _____" Stamps on individual Lab Bill and the Final amount on Medical Reimbursement claim form
7	To be Submitted to Zonal Accounts Office with Medical Charges Reimbursement Bill (GAR-23)
8	All the family members are dependent on Government employee
9	Whether medicines allowed in case of OPD treatment. (Subject to furnishing of non-availability certificate from concerned CMO/Inc CGHS Wellness Centre.
10	Whether rates are restricted to multiple surgeries.

Guidelines for Medical Bills Pertaining to Hospital

To be Submitted by Government Employee

1	Medical Reimbursement Claim Form
2	Modified Check List for Reimbursement of Medical Claims
3	CGHS/AMA Reference/Copy of Permission Letter obtained from Office (Or) Emergency Admission certificate from Hospital
4	Photocopy of CGHS card
5	Original Hospital (Final Bill/Lab Bills) duly endorsed on the back of the bill by Medical Officer.
6	Date-wise Breakup Details of Hospital Bill Containing all particulars of Bed Charges, Doctor Fees, Lab Investigations, Medical provided, etc.
7	Essentiality Certificate from treating Specialist (Certificate-B)
8	Discharge Summary duly signed by treating Specialist.

Scrutiny at DDO Office

1	Whether the Bill contains S. I No. 1-8 Above.
2	Medical Insurance:- Whether part Settlement has been made by Medical claim Insurance Policy since total reimbursement from both (Insurance & CGHS) should not exceed Actual Expenditure.
3	Hospital (Private/CGHS Empanelled):- The name of the Hospital to be verified in CGHS Empanelled Hospital List for NABH/NABL status (Or) Non-NABH/Non-NABL Status If the hospital name is not listed in Empanelled list (in case of emergency admission Cases), then the hospital should be treated as NON-NABH/NON-NABL status only and "Ex-post Facto" sanction of HOD should be enclosed along with Bill

Discharge summary

1	The Discharge Summary issued by the Hospital is the crucial document to be perused. The treatment that patient obtained at the hospital is explained in brief under paragraph, "course in the Hospital"
2	Package Rate:- If it has been mentioned in the paragraph, "Course in the hospital", that the patient has undergone Surgery , the name of Surgery must be verified in CGHS/AIIMS rate List. If the name of Surgery is available in the CGHS/AIIMS Rate List. If name of reimbursement should be made under "Package Rate guideline only (Annex-IV).
3	Non-Package Rate:- If no Surgery is mentioned in Hospital Discharge Summary (or) if the name of the surgery is not available in CGHS/AIIMS Rate List, in such case, the Reimbursement should be made under "Item Wise Guidelines" (Annex-V)

Package Rate Guidelines

Package Rates Eligible (VII CPC)

1	Basic pay upto Rs.47,600/- (General Ward	90% of Package Rate
2	Basic Pay between 47,601 to 63,100/- (Semi – Private Ward)	100% of Package Rate
3	Basic Pay Above Rs.63,101/- (Private Ward)	115% of Package Rate

Package Rate

1	<p><u>CGHS Package Rate</u> shall mean all inclusive- including lump sum cost of inpatient treatment/day care/diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)- (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charge, (vi) Dressing charges, (vii), Doctor/consultant visit charges, (viii) ICU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges, (xi) Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges/surgeon's (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc. Package rates also include two pre-operative consultations and two post-operative consultations.</p>
2	<p><u>Additional Operation:-</u> If one or more minor Procedures form part of a Major Treatment Procedure, then package rates would be permissible for Major Procedure and only 50% of charges for minor procedures(s).</p>
3	<p><u>Implant:-</u> Cost of Implant/stent/grafts is reimbursable in addition to package rates as per CGHS calling rates or as per actual <u>whichever is lower.</u></p>
4	<p><u>Approval:-</u> Obtain Expenditure Approval from Head of the Department and Submit to Zonal Accounts Office with Medical charges Reimbursement Bills (GAR-23) after deducting any advance given.</p>

Non-Package Guidelines

Bed Charges

1	Basic pay upto Rs.47,600/- (General Ward	Rs.1000/- Day
2	Basic Pay between 47,601 to 63,100/- (Semi – Private Ward)	Rs.2000/- Day
3	Basic Pay Above Rs.63,101/- (Private Ward)	Rs.3000/- Day

Item Wise Bill validation

1	<u>Ambulance Charges:-</u> are reimbursement only if “(i) the Doctor treating the patient certifies in writing that conveyance of patient by any other mode would definitely endanger the patient’s life or would grossly aggravate his/her conditions and (ii) That the Journey is undertaken within the same city”
2	<u>Bed Charges:-</u> are the same forward/Intensive Car Unit, however, in case of ICU treatment, additional reimbursement is permitted along with bed charges, for life supporting systems like Oxygen (Per Hour,) Cardiac Monitoring etc. (CGHS Reference No.511 to 519).
3	<u>Consultations:-</u> For In-patients, the Maximum permissible Doctor Consultations Fee is Rs.270/- per Day only (2 visit allowed per day). If there are more than one Doctor (Duty Doctor, Heard Specialist. etc.) then additional consultation fees of Rs.270/- (2visit) may be reimbursed for them also, Apart from this, no Surgery Fee or Specialist fees is permitted as per existing CGHS Guidelines.
4	<u>Nursing Fees not reimbursable:-</u> However, reimbursement of “special Nursing Fees” is permitted as per guidelines No.S.14025//8/2010-Ms dated 18.01.2011, for which as special mention is required, both in hospital bill and Essentiality Certificate.
5	<u>Misc. Fees:-</u> Admissible Fees, diet charges, RMD (Record medical Department) Fees, attendant Fees, hospital service charges, housekeeping charges <u>not reimbursable</u> under existing CGHS Guidelines
6	<u>Lab Test & Medicine:-</u> Bio-Chemistry Investigations, clinical Pathology Investigations, Radiology Charges Surgical supplies, Physiotherapy etc. must be restricted as per CGHS/AMIIS rate List and Every medicine, should be verified from “ Inadmissible Medicine list” of CGHS.
7	Prepare a DDO Worksheet as per Annex-I containing the Particulars, Amount Claimed, amount Admissible, CGHS/AMIIS Reference Number. Restricted/Approved amount to be mentioned and attested by DDO through “Passed for Payment_____” Stamp on individual Hospital Bill/Lab Bill/Medicine Bill and the Final amount on Medical Reimbursement claim from.
8	Obtain Expenditure Approval from Head of the Department and Submit to Zonal Accounts Office with Medical Charges Reimbursement Bill (GAR-23) after deducting any advance given.

Advance Payment Procedure

To be Submitted by Government Employee	
1	Requisition Letter from the Govt. Employee
2	CGHS Reference/AMA Reference/Emergency Certificate
3	Xerox Copy of CGHS Card
4	Estimate of Expenditure, on Hospital Letter Head, duly signed by treating
Scrutiny at DDO Office	
1	Whether communication contains S. No. 1-4 Above.
2	Verify the rates for test/Package charged by Hospital with CGHS Rate List/AMIIS Rate List and 90% of the verified rate may be considered for advance.
3	The Advance should be paid in the form of Cheque, drawn in favour of the Hospital only. Under no circumstances, the advance should be paid to the Employee account.
4	Obtain Expenditure Approval form head of the Head of the department and Submit to t Zonal Accounts Office with Bill for short Term Advance (GAR-37)