

PRASAR BHARATI  
(INDIA'S PUBLIC SERVICE BROADCASTER)  
DIRECTORATE GENERAL: ALL INDIA RADIO  
(Welfare Section)

File No: D-12019/1/2021-WL/419

New Delhi, Dated: 24.01.2022

**CIRCULAR**

It has been observed that correct referral procedures are not being followed by CGHS beneficiaries for availing the Medical facilities/ treatment from CGHS empanelled Private Hospitals and also while submitting the claim.

Standard Operating Procedures (SoPs) for availing the treatment in CGHS empanelled Private hospitals/ diagnostic and for proper submission of medical reimbursement claim by CGHS Beneficiaries based on the GGHS Guidelines vide OM dated 15.01.2018 and 31.07.2018 ( Ministry of Health & Family Welfare) are being circulated to facilitate proper settlement of medical claims reimbursement.

Accordingly, all CGHS beneficiaries are advised to adhere to these SoPs / Guidelines framed by the Welfare Section of DG: AIR.

**Encl: As above**



(Jitendra Arora)  
Deputy Director General(Admin)  
For Director General

To

**All Staff of DG: AIR through e-Office and Notice Board**



**Standard Operating Procedure for availing treatment and submitting Claim  
by CGHS Beneficiaries of DG:AIR**

In order to facilitate proper submission of medical reimbursement claims by the CGHS beneficiaries, a Standard Operating Procedure is furnished below:-

1. CGHS Beneficiaries can avail OPD consultation from specialists in any Government Hospital directly without the need for any referral.
2. Beneficiaries below the age of 75 years can also seek OPD consultation from Specialists in any of the CGHS empanelled private hospitals after being referred by the CGHS Wellness Centre or Govt Hospital. Such referral should be mentioned on the computer generated Prescription slip and is valid for the period as mentioned in the slip. However, beneficiaries aged 75 years and above can directly avail the OPD facilities at the empanelled hospitals without any referral from the Medical Officer of CGHS for listed investigations and procedures in pursuance of concurrent notifications/guidelines issued by CGHS vide OM No. Z15025/35/2019/DIR/CGHS/CGHS (P) dated 29.05.2019 and 27.06.2019.
3. After consultation at empanelled hospitals, the beneficiary is required to report back to the concerned Wellness Centre and the Medical Officer or CMO In-charge will endorse the investigations or treatment if any prescribed and issue medicines as per guidelines by Ministry of Health and Family Welfare OM No. Z15025/117/2017/DIR/CGHS dated 15.01.2018 as amended from time to time. For investigations/treatment referral ID would be generated online by the Wellness Centre.
4. For undertaking unlisted investigations/procedures, permission is required and application in this regard is to be submitted to Welfare Section of DG: AIR.
5. In case of any deviation due to any exigency, in listed investigations / treatment procedures as mentioned in the OM No. Z15025/117/2017/DIR/CGHS dated 15.01.2018, the CGHS beneficiary may request for *ex-post facto* approval to SO, Welfare Section, DG: AIR clearly indicating convincing reasons / circumstances for such deviation, in terms of MoH&FW OM No. 1967/2013/DEL/CGHS/SZ/D52/CGHS (P), dated 30.12.2014 and Z15025/38/2018/DIR/CGHS/EHS dated 22.05.2018, before submitting the Medical Reimbursement Claim to DDO Cash, DG:AIR, clearly indicating convincing reasons / circumstances for such deviation.
6. Cancer patients are allowed to avail treatment from any multi speciality/ general hospitals that provides treatment for cancer directly without prior approval/permission; however, reimbursement will be restricted to CGHS rates only. For unlisted investigation/treatment, application for prior permission is required to be submitted to SO, Welfare Section of DG: AIR.



7. For female beneficiaries, during their confinement period (till their delivery), permission may be obtained either from CGHS for 'ANC and till delivery', which will enable them to avoid getting referral frequently from CGHS. For medicines, the beneficiary shall approach CGHS wellness centre.
8. In all of cases, the beneficiaries shall approach CGHS wellness centre for issuing of medicines.
9. For follow up treatment (after treatment taken under 'Emergency condition' or normal routine Indoor treatment) referral from CGHS or prior permission of Head of Department through Welfare Section, DG: AIR as the case may be should again be obtained.
10. Claims are to be submitted in the prescribed MRC form which can be downloaded from the home page of e-office portal. The documents required to be enclosed are also indicated in a separate Annexure.
11. The claims are to be preferred within 6 months of date of last treatment. In case of delay in preferring the claim, a separate application mentioning the convincing reasons/justifications for delay caused, should also be bought out along with the claim for seeking condonation of delay before preferring the claim and the application should be submitted to SO, Welfare Section , DG:AIR .
12. Medical Reimbursement Claim (MRC) bills are to be submitted physically (in original) and also to be forwarded to SO-Cash as E-receipt in e-office, otherwise physical copy would not be accepted.
13. The claimant should not submit the copy of investigation reports along with his copy of Bill/Invoice.
14. Reimbursement by Cash section will be restricted to CGHS rates and in case of non-empanelled private hospitals, the rates will be restricted to Non-NABH rates only even if the hospital has NABH accreditation.

Above SOPs are subject to the further guidelines / instructions issued by CGHS / MoH&FW / Welfare Section of DG: AIR from time to time.