

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

NO. 2018/Trans Cell/Health/CGHS

Dated: 26.10.2018


The General Manager, All Indian Railways/PUs, NF(Con), CORE
The DG/RDSO/Lucknow, DG/NAIR/Vadodara
CAOs, DMW/Patiala, WPO/Patna, COFMOW/NDLS, RWP/Bela, CAO/IROAF

Sub: Recognition of CGHS empanelled Hospitals & Diagnostic Centres for Railway Medical Beneficiaries and Referral & Domiciliary care of Railway Medical Beneficiaries for Physiotherapy, Occupational Therapy and Speech Therapy.

- Ref: 1. Department of Health & Family Welfare OM no- S.11011/24/2011-CGHS (P) dated 01.06.2011**
2. Railway Board's letter no. 2014/H-1/19/3/PNM dated 05.10.2015
3. Railway Board's letter no. 2016/H-1/11/69/Hospital Recognition dated 23.12.2016

With reference to the above subject, Board (MS, FC & CRB) have approved the following:

1. **Recognition of all CGHS empanelled Hospitals and Diagnostics Centres for referral of Railway medical beneficiaries**
 - 1.1 Board have approved the recognition of all CGHS empanelled Hospitals, exclusive Eye Hospitals/Centres, Exclusive Dental Clinics, Cancer Hospitals, Diagnostic Laboratories and Imaging Centres for referral of Railway beneficiaries at CGHS rates of the City.
 - 1.2 The MD/CMS/CMO/ACMS-incharge of the Railway Hospital will sign the MOU with the concerned CGHS empanelled Hospitals, exclusive Eye Hospitals/Centres, Exclusive Dental Clinics, Cancer Hospitals, Diagnostic Laboratories and Imaging Centres.
 - 1.3 In case the hospital(s) is derecognized by CGHS or the recognition is not extended for any reason, then, unless and until specifically allowed by the Railways, the Railway recognition shall stand withdrawn.
2. **Referral of Railway Medical Beneficiaries for Physiotherapy, Occupational Therapy and Speech Therapy and adoption of same Guidelines on Railways issued for CGHS beneficiaries 'For Domiciliary rehabilitation, medicine intervention for reimbursement.'**
 - 2.1 A Railway Medical Beneficiaries may be referred for rehabilitation health services (physiotherapy, occupational therapy and speech therapy, etc.),


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not available at the Railway hospital, at recognized Government Hospital/Private Hospital at CGHS rates or at CGHS approved Hospital at CGHS rates.

- 2.2 For these services, Zonal Railways are empowered to empanel the Government or Private Hospitals/Centres for referral at par with empanelment of other specialty hospitals at CGHS rates for referral to Railway beneficiaries.
- 2.3 Adoption of Guidelines in Railways for domiciliary (home care) rehabilitation medicine intervention **for reimbursement to CGHS beneficiaries issued by Ministry of Health and Family Welfare vides OM No. S.11011/24/2011-CGHS (P) dated 01.06.2011**, as it is and as modified from time to time, for Railway beneficiaries (copy enclosed).
3. The List of Hospital(s) recognized by Railways and CGHS empanelled shall be displayed at the railway hospital(s) and also on the websites indicating the specialties available in the hospital for wide publicity and awareness of Railway medical beneficiaries.
4. Other rules & guidelines as issued from Board shall remain unchanged and as modified from time to time.

This issues with the concurrence of Associate Finance of Transformation Cell of Railway Board.

Kindly acknowledge the receipt and ensure compliance.

Ume
28.10.18

(Umesh Balonda)
Executive Director/S&T
Transformation Cell

NO. 2018/Trans Cell/Health/CGHS

Dated: 26.10.2018

1. PFAs, All Indian Railways & Production Units
2. The ADAI (Railways), New Delhi
3. The Director of Audit, All Indian Railways

Sanjeeb Kumar
26/10/18

(Sanjeeb Kumar)
Executive Director Accounts
Transformation Cell

Copy: As per list attached.

NO. 2018/Trans Cell/Health/CGHS

Dated: 26.10.2018

Copy to:

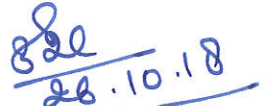
1. The ADAI (Railways), New Delhi
2. The Director of Audit, All Indian Railways
3. The Director, Indian Railway Institute of Civil Engineering, Pune.
4. The Director, Indian Railway Institute of Mechanical and Electrical Engineering, Jamalpur.
5. The Director, Indian Railway Institute of Signal Engineering and Telecommunications, Secunderabad.
6. The Director, Indian Railway Institute of Electrical Engineering, Nasik.
7. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
8. The Director, Indian Railway Institute of Transport Management, Lucknow.
9. The Registrar, Railway Claims Tribunal, Delhi.
10. The General Secretary, IRCA, New Delhi.
11. The Chief Commissioner of Railway Safety, Lucknow.
12. The Secretary, Railway Rates Tribunal, Chennai.
13. The Chairman, Railway Recruitment Board, Ahmedabad, Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneshwar, Chandigarh, Chennai, Gorakhpur, Guwahati, jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivandrum.
14. Managing Director, CRIS, Chanakyapuri, New Delhi

Copy to:

1. The Genl. Secy., AIRF, Room No. 248, & NFIR Room No. 256-C, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268, FROA, Room No. 256-D & AIRPFA, Room No. 256-D Rail Bhavan

Copy to:

1. PS to MR, MOS(S), MOS(G)
2. CRB, FC, ME, MTR, MRS, MS, MT, SECY, DG(S&T), DG (RHS), DG (RPF), DG (Stores), DG(Pers)
3. All AMs, Principal Executive Director & Executive Directors of Railway Board


26.10.18
(Umesh Balonda)
Executive Director/S&T
Transformation



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

No: S.11011/24/2011-CGHS (P)

Dated, the 1st June, 2011

O F F I C E M E M O R A N D U M

Subject:

Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.

The undersigned is directed to as per extant instructions, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary physiotherapy rehabilitation may be permitted since in many cases it is not possible for the patients to be transported / shifted to hospitals for physiotherapy, etc. The request was examined by a committee of experts / specialists in Government hospitals, and it has been decided to issue the following guidelines for domiciliary rehabilitation medical intervention for reimbursement to CGHS beneficiaries:

Guidelines

Domiciliary (home based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health or disease. It is justified as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piecemeal home based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

Scope of the service

The following allied health services need to be considered for domiciliary case as stated above:

- (i) Physiotherapy;
- (ii) Occupational therapy; and
- (iii) Speech therapy (for patients of stroke / head injury)

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR specialist. In a situation of non-availability of PMT specialist, the treating Government specialist having allopathic Post-Graduate qualifications in Ortho / Neurology / Neurosurgery / ENT may allow such benefits following the specific prescription criteria for conditions listed below:-

Conditions requiring domiciliary rehabilitation intervention and recommended duration if domiciliary therapy:

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- (1) **Orthopaedic disorders:** Post joint replacement surgery in acute phase: Physiotherapy upto two weeks, post – discharge.
- (2) **Neurological disorders (for upto six weeks):**
 - (i) Post stroke: Occupational Therapy (OT), Physiotherapy (PT), and Speech Therapy (ST);
 - (ii) Traumatic brain injury: OT, PT and ST;
 - (iii) Gullian-Barre syndrome: OT and PT;
 - (iv) Spinal cord injury with significant disability / deformity: OT and PT; and
 - (v) Motor neuron disease: OT, PT and ST.
- (3) **Locomotor disabilities,** with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver. [Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational therapist (duly qualified diploma / degree holder)].

Prescription information:

The prescription for home based rehabilitation programme should include the following descriptive specifics:

- (1) The therapy to be used:
 - (a) Electrotherapy;
 - (b) Active Exercise Therapy;
 - (c) ADL Training;
 - (d) Speech Therapy;
 - (e) Gait Training; and
 - (f) Passive Exercises.
- (2) The technical person required to institute the therapy;
- (3) The frequency of the therapy required by the patient; and
- (4) Duration of the therapy programme.

Admissible rates for reimbursement:

The following rates may be reimbursed:

- (1) **Physiotherapist:** Maximum of Rs.300/- (Rupees Three hundred only);
- (2) **Occupational Therapist:** Maximum of Rs.300/- (Rupees Three hundred only);
- (3) **Speech Therapist:** Maximum of Rs.300/- (Rupees Three hundred only);
- (4) **Certified Care Giver:** Maximum of Rs. 150/- (Rupees One hundred and fifty only) or Rs. 3,000/- (Rupees Three thousand only) per month for long-term requirements, whichever is less; and

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- (5) No reimbursement to be allowed for the purchase / hiring of therapy equipment / devices.
2. The guidelines will take effect from the date of issue of the Office Memorandum.
3. This issues with the concurrence of IFD, vide Dy. No: 790 / SS & FA dated the 23rd May, 2011.
4. Hindi version of the guidelines will follow.

[R Ravi]
Director

[Tel: 2306 3483]

To

1. All Ministries / Departments, Government of India
2. Additional Secretary, Cabinet Secretariat, Rashtrapati Bhawan, New Delhi
3. The Managing Director, Central Organisation ECHS, Army (Hq), Maude Line, Delhi Cantonment, New Delhi 110 010
4. Director, CGHS, Nirman Bhawan, New Delhi
5. All Additional Directors /Joint Directors of CGHS cities outside Delhi
6. All Pay & Accounts Officers under CGHS
7. Addl DDG (Hqrs) / Additional Director (Hqrs) / Additional Director (SZ) / Additional Director (NZ) / Additional Director (CZ) / Additional Director (EZ), CGHS, New Delhi
8. JD (Gr.)/JD(R&H), CGHS Delhi
9. CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte.GHS, Nirman Bhawan, New Delhi
10. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
11. Admn.I / Admn.II Sections of Dte.GHS
12. Rajya Sabha / Lok Sabha Secretariat
13. Registrar, Supreme Court of India
14. U.P.S.C
15. Finance Division
16. Deputy Secretary (Civil Service News), Department of Administrative Reforms & Public Grievances, 5th Floor, Sardar Patel Bhawan, New Delhi.
17. PPS to Secretary (H&FW) / Secretary (AYUSH) / Secretary (HR) / Secretary (AIDS Control), Ministry of Health & Family Welfare
18. PPS to DGHS / SS & FA / SS & MD, NRHM / AS (H) / AS & DG (CGHS)
19. Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, Chennai 600028
20. Nabhi Publications, P. O. Box No: 37, New Delhi 110 001
21. Bahri Brothers, 742 Lajpat Rai Market, Delhi 110 006
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM) (as per list attached)
24. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
25. All Offices / Sections / Desks in the Ministry
26. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi, with the request to upload on the website of the CGHS.
27. Office Order folder
28. Guard File