

Slabs? - Auto

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B/49773/AG/ECHS/Rates/Policy

07 Aug 2014

IHQ of MoD (Navy)/Dir ECHS (N)
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HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
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HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
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HQ Andaman & Nicobar Command (A/ECHS)



REVISION OF CEILING RATES FOR CARDIAC IMPLANTS

1. Ref :-

- (a) This office letter No B/49773/AG/ECHS/Rates/Policy dt 10 Jan 2011.
- (b) This office letter No B/49773/AG/ECHS/ Rates /Policy dt 26 Apr 2013
- (c) This office letter No B/49773/AG/ECHS/ Rates /Policy dt 16 May 2014.
- (d) CGHS Office Memorandum No 12034/02/2014/Misc-CGHS D.III dt 22 Jul 2014.

2. CGHS has revised rates of Cardiology Implantable devices vide letter under ref 1 (d). Sanction of competent authority is hereby granted to implement the rates in ECHS as outlined in succeeding paras.

3. Rates (inclusive of taxes) for following devices will be implemented from date of issue of this letter:-

1.	Single Chamber Cardiac Pacemaker without rate response-	Rs 34,840/-
2.	Single Chamber Cardiac Pacemaker with rate response.	Rs 44,928/-
3.	Dual Chamber Cardiac Pacemaker	Rs 83,200/-
4.	Bi-Ventricular Pacemaker (CRT-P)	Rs 1,95,000/-
5.	Implantable Cardioverter Defibrillator (Single Chamber) (ICD/AICD-Single Chamber)	Rs 1,75,786/-
6.	Implantable Cardioverter Defibrillator (Dual Chamber) (ICD/AICD-Single Chamber)	Rs 3,75,000/-
7.	Combo Device (CRT-D)	Rs 4,90,000/-
8.	Aortic Stent Graft (expandable, bifurcated and including delivery system)	Rs 4,40,960/-

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9. Rotablator with advancer	Rs	49,920/-
10. Rotablator Burr	Rs	23,920/-

4. Para 1 (b) - (d) of Appx 'C' of this office letter No B/49773/AG/ECHS/Rates/Policy dt 10 Jan 2011 and para 54 (d) of SOP on online billing is hereby superseded. Other paras remain the same.
5. Prior approval as per procedure outlined in Central Organization ECHS letter No B/49778/AG/ECHS/PA/Ruling dt 28 Jun 2011 will be followed. The reimbursement will be limited to the ceiling rate or actual, whichever is less.
6. **Warranty:** Warranty terms and condition as specified by the manufacturer shall be applicable. In case of replacement of device, warranty details and details of original device have to be endorsed by service specialist.
7. **Pouches + stickers:** Outer pouch and sticker with details of device and invoices are required to be enclosed with the bill by empanelled hospitals. In case of reimbursement claim of treatment in non-empanelled hospitals, it shall be the responsibility of AFV to attach pouch and stickers with the claim. Bills/Claim without and supporting documents will be summarily rejected.

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