File no.56-1/2026-27/CGHS/MSD.
E-file no.8392910
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Kartavya Bhavan, New Delhi

Date: 01.09.2026

OFFICE MEMORANDUM

Subject: Decentralisation of approval procedure for selected STC-related cases under CGHS – regarding

The undersigned is directed to refer to the existing procedure for processing cases under the Standing Technical Committee (STC) mechanism of CGHS and to the referral guidelines issued from time to time. With a view to streamlining and decentralizing the approval process, the following procedure shall henceforth be followed:

2. This Office Memorandum shall apply to the following categories of cases:

Category	Nature of cases covered
Category–1	All Transplant cases having notified CGHS package rates or guidelines.
Category–2	Listed procedures, devices, and treatment items having notified CGHS rates or guidelines, including TAVI, DBS, IVL, cochlear implants, CPAP, BiPAP, Oxygen concentrators, and Continuous subcutaneous insulin infusion (CSII) pumps.
Category–3	STC-restricted medicines included in the list displayed on the CGHS website, as revised from time to time.
Category–4	Unlisted procedures, investigations, implants, medicines, devices, and other treatments.
Category–5	Robotic surgery for cancer cases.

3. General Guidelines applicable to all categories

(a) No separate referral, permission or endorsement shall be required where treatment is availed at AIIMS, Institutions of National Importance, Tata Memorial Hospital, or any other medical institution under the Central Government or a State Government.

(b) Approval in respect of cases falling under Categories 1 to 5 shall be accorded by the concerned Additional Director, CGHS, within the delegated financial powers, as revised from time to time, subject to fulfilment of the

following conditions:

(i) The case shall be supported by the recommendation, advice or prescription of one Government Specialist of the concerned specialty from any of the institutions referred to in sub-paragraph (a); **or**

(ii) where such recommendation is not available, the case shall be supported by the recommendations, advice or prescriptions of two specialists of the concerned specialty from two different CGHS-empanelled hospitals.

(iii) Each case shall be scrutinised by a three-member Local Technical committee as mentioned in **Annexure -I** before approval is accorded.

(iv) In the case of STC-restricted medicines, the approved indication shall be verified with reference to the approval or regulatory status granted by the Central Drugs Standard Control Organisation (CDSCO).

4. The general administrative provisions are enclosed vide **Annexure-I**. The relevant records shall be retained for audit, monthly reports shall be submitted to the Directorate, and the mechanism shall be reviewed every month.

5. All existing Office Memoranda/instructions requiring examination by the Standing Technical Committee (STC) shall stand superseded and subsumed by this Office Memorandum from the date of its issue.

6. This issues with the approval of the Competent Authority.

Digitally signed by
ARUN KUMAR BISWAS
Date: 01-09-2026
13:14:18

(Arun Kumar Biswas)

Deputy Secretary

Annexure I: General administrative provisions

Copy to:

1. All Ministries and Departments of the Government of India through the CGHS website
2. Addl. DDG(CGHS) with the directions to monitor the implementation in coordination with AD HQ.
3. Addl. Director, CGHS(HQ)/ Addl. Directors, CGHS of Cities/ Zone with the directions to comply with the provision of instructions above
4. All CGHS Wellness Centres through the concerned AD, CGHS
5. All Pensioner Associations.

6. MCTC, CGHS with the directions to upload the document on CGHS Website (www.cghs.mohfw.gov.in).
7. All HCOs empanelled under CGHS through CGHS website.
8. Director, AIIMS as per list; JIPMER, Puducherry; PGIMER, Chandigarh; CNCI Kolkata & Tata Memorial Hospital, Mumbai
9. Medical Superintendent Safdarjung Hospital, Dr. RML Hospital, Delhi & Sucheta Kriplani Hospital, Delhi
10. C-DAC, Noida, with the request to take necessary action in accordance with the separate functional requirements and implementation instructions to be communicated by the Directorate.
11. CEO & MD NHA with the request to kindly inform the Claim Processing Doctors regarding the referral process.
12. LACs/ ZACs through Addl. Directors, CGHS.
13. Sanctioning Authorities in CGHS.
14. CMO Hospital Cell, CGHS HQ.
15. CMO Hospital Empanelment Cell, CGHS

Copy of Information to:
1. PPS to the Minister for Health and Family Welfare
2. PPS to the Minister of State (H&FW), MoHFW
3. PPS to Secretary (H&FW), MoHFW
4. PSO/Senior PPS/PPS/PS to Secretary (Personnel), DoPT, MoPPG&P
5. PSO/Senior PPS/PPS/PS to Secretary (DARPG & DoPPW), MoPPG&P
6. PPS to AS & DG CGHS
7. PPS to JS (MoHFW), CGHS

Annexure I

General Administrative Provisions

1. Referral to Directorate/STC

Cases not covered under categories mentioned in the Office Memorandum or exceeding the delegated financial powers of the Additional Director, shall be referred to the Directorate.

2. Technical Committee

A three-member Local Technical Committee, headed by the Additional Director and comprising two GDMOs, preferably possessing qualifications or experience in Medicine and/or Surgery, shall examine the cases placed before it.

3. Documents and Processing Timeline

Complete medical, administrative and financial records, as applicable, shall be placed before the Committee. The concerned office and the Committee shall make reasonable efforts to obtain any deficient documents or clarifications. Deficiencies shall ordinarily be communicated within 3 working days, and a complete case shall ordinarily be decided within 15 working days from the date of receipt of complete documents.

4. Post-facto Approval

Post-facto approval may be considered in an emergency, in unavoidable circumstances, or where prior approval could not be obtained for reasons beyond the control of the beneficiary, subject to supporting records and recorded reasons. Such cases shall undergo the same scrutiny as cases submitted for prior approval and shall not be treated as an automatic entitlement.

5. Detailed operational guidelines, monitoring and reporting requirements, digital functionality and standard formats shall be issued separately by the Directorate.

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