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To,

Regional Directors- All States.

Medical Superintendents/Deans- All ESIC Hospitals & Colleges.

Sub: Strict Adherence to Guidelines for Forwarding High-Cost Treatment Cases to Hqrs Office-reg **Ref:** Hqrs. Office letter No. U-16012/392/2022-SST dated 22.12.2022.

Sir/Madam,

Reference to the subject and the referred letter cited above, it is observed that this office is still in receipt of incomplete/piecemeal HCT proposals from field locations for consideration/examination which leads to unwanted delays and frequent cross references resulting in breakup in patient's treatment, court cases and public grievances.

To ensure timely processing and accurate assessment of such cases, it is requested diligently follow and adhere to the issued ESIC Referral Policy & Operational Manual 2023 for Super Specialty and Specialty Services and HCT circulars issued from Hqrs. Office time to time.

Further, field locations are requested to ensure to check the following documentation while forwarding the case file through e-office to Hqrs. Office:

Emphasis on complete & organized documentation: -

- a. Submit all case documents in one complete set: Avoid piecemeal submissions that would delay processing.
- b. **Duly filled & signed HCT Proforma:** Ensure the HCT proforma is accurately completed and signed by the competent authority and has all relevant enclosures.
- C. Verification Report: Obtain and submit a verification report countersigned by the respective Regional Director within the stipulated time-frame. Ensure the verification covers the corresponding contribution period.
- **d. E-Pehchan Card:** Verify and include pehchan cards with photos of all listed dependents, <u>countersigned by ESIC staff</u> (approver).
- e. Valid Prescriptions & Specialist Opinions: Enclose valid prescriptions and Specialist opinions from government or post-graduate government medical college hospitals.
- f. Rate Quotations: Ensure quotations have long validity and has fall clause and proprietary certificate from the supplier.
- g. Detailed Case History: For new and fresh cases, provide a comprehensive history of the condition.
- h. **Referral letter:** Copy of the latest referral letter issued to the empanelled hospital clearly stating the diagnosis/procedure/investigation for which the case has been referred.

For Non-DG ESIC RC cases: -

- a. Tumour Board Opinion: For Non-DG ESIC RC cases, include the opinion of a constituted tumour board.
- b. Clinical labs reports: For evaluation at Hqrs. office, ensure the latest clinical labs/scan reports are available.

For ERT Cases: -

a. As directed by the competent authority, for all the new ERT cases a committee to be constituted in the lines of tumour board and the recommendations of the Committee be submitted along with other HCT documents and enclosures to Hqrs Office.

E-Office Submission Requirements:

- a. Attachments of documents: When forwarding cases through e-office, include all documents within the Table of Contents (TOC) instead of using attachments.
- b. Recent Case Papers: Kindly ensure only recent case papers are included in the fresh PUC. This includes avoiding outdated documentation and focusing on relevant, current information.

For ongoing/lifelong HCT cases:

a. Progress Reports & Updates: Submit utilization certificates, progress reports, Specialist opinions, rate quotations with rate validity date & fall clause and lab reports along with the HCT proforma and enclosures at the time of seeking fresh approval for continuation of treatment.

BMT Cases:

- a. Preference should be In-house: Route BMT cases through ESICH , Sanathnagar and ESICH , Faridabad having In-House BMT facilities as per existing guidelines.
- b. Strictly adhere to the ESIC policy for BMT procedures. Competent Authority to take cognizance of clause 25.1 of ESIC Operational Manual for Super Specialty Service, 2023, "In respect of organ transplant and Bone Marrow Transplant, the payment shall be limited only to the rates applicable for related donor".
- c. Exclusion of Donor Cells/Organ rates in the quotation: As per policy, ESIC does not pay the charges towards procurement of <u>Donor Cells/organs</u> involved in BMT. Hence, the quotation should be exclusive of the such rates.
- d. States/Regions without empaneled BMT centre: As per referral policy, first preference shall be to refer the patient to a government hospital within their state or neighboring states with BMT facilities. If not available, patient be referred to empaneled tie-up centre for BMT within the State or neighboring states having BMT empanelment. It is imperative to prioritize empaneled hospitals whenever possible, reserving consideration of non-empaneled facilities only as a last resort. Any decision to recommend a non-empaneled hospital must be accompanied by thorough justification when forwarding the case to the Headquarters office for review.

This is for necessary compliance/adherence and is issued with the approval of the Competent Authority.

Yours faithfully

(Dr. Abhisekh Rai)
OSD (SST)

Copy to:

WCM with a request to upload it on website.