F. No. S.11030/54/2023-EHS(8248513)/I/3909989/2026
Government of India
Ministry of Health & Family Welfare
(EHS Section)
*****

Kartavya Bhavan-1, New Delhi
Dated: 26-10-2026

**OFFICE MEMORANDUM**

Subject: Consideration of cases relating to extension of CGHS facilities to dependent sons/brothers suffering from critical/terminal illnesses under the decentralised STC mechanism – reg.

The undersigned is directed to refer to this Ministry's OM No. S.11030/54/2023-EHS dated 01.09.2026 regarding relaxation in age and marital status criteria for dependent sons and brothers suffering from critical/terminal illnesses under CGHS/CS(MA) Rules, 1944.

2. It is hereby clarified that cases relating to extension of CGHS facilities to dependent sons/brothers suffering from critical/terminal illnesses beyond the permissible age limit may also be considered under the decentralised STC mechanism prescribed vide Dte. of CGHS OM No. 56-1/2026-27/CGHS/MSD dated 01.09.2026.

3. In this regard, as there is no standing Medical Board in CGHS, it has been decided that the advice and prescription from a Government Specialist of the concerned specialty shall be taken as the medical recommendation for examination by the Local Technical Committee (LTC) constituted at the office of the Additional Director (AD), CGHS. Upon consideration and recommendation by the LTC at the AD level, the CGHS beneficiary card shall be issued/extended.

4. The CGHS card under this relaxation shall be issued initially on an **annual basis**. Further extension of the card beyond one year will be considered based on the production of fresh medical/treatment records demonstrating the ongoing nature of the illness. An indicative list of critical/terminal illnesses eligible for consideration under this provision is attached as **Annexure-A**.

5. Directorate of CGHS is requested to issue necessary instructions to all concerned for strict compliance.

This issues with the approval of the Competent Authority.

Digitally signed by
Ashish Kumar Yadav
Date: 26-10-2026
15:45:14

(Ashish Kumar Yadav)
Under Secretary to the Government of India
Tel. No. 011-24013263

To,

The Director,
Dte. of CGHS,
Ministry of Health & Family Welfare,
New Delhi.

Copy to: All Additional Directors, CGHS, through Dte. of CGHS.

Copy for information to: Sr. PPS to AS&DG(CGHS), PPS to JS(CGHS).

# ANNEXURE-A

## LIST OF 42 CRITICAL AND TERMINAL DISEASES

For consideration of relaxation in the age criteria for unmarried dependent sons/brothers under CGHS / CS (MA) Rules, 1944 (OM dated 01.09.2026)

| Sl. No. | Name of disease / condition |
|---|---|
| 1 | All patients requiring Major Organ Transplant/Bone Marrow Transplant OR patients who are post-organ transplant/bone marrow transplant. |
| 2 | All Malignant tumors including both solid tumors and hematological malignancies. |
| 3 | Congenital Heart Disease. |
| 4 | Eisenmenger Syndrome. |
| 5 | Post Cardiovascular Implantable Electronic Devices (PCD/CRT-D) with heart failure (EF <35%). |
| 6 | Symptomatic, hemodynamically significant Valvular Heart Disease. |
| 7 | Severe Left Ventricular Dysfunction with EF <35%. |
| 8 | Cardiomyopathy. |
| 9 | Primary Pulmonary Artery Hypertension. |
| 10 | Aortic Aneurysm/Dissections (Treated/Untreated) (repeated). |
| 11 | Demyelinating disease. |
| 12 | Degenerative/progressive nervous system disorders. |
| 13 | Wilson’s Disease (congenital metabolic and storage disorders). |
| 14 | Refractory Epilepsy Syndromes. |
| 15 | Myasthenia gravis. |
| 16 | Autoimmune disorders. |
| 17 | Immunodeficiency syndromes. |
| 18 | Chronic Liver Disease. |
| 19 | Chronic Pancreatitis. |
| 20 | Chronic Bleeding Disorders. |
| 21 | Congenital hemolytic anemias. |
| 22 | Thrombotic microangiopathy – Hemolytic Uremic Syndrome. |
| 23 | Budd Chiari Syndrome. |
| 24 | Adrenal cancer/functioning adrenal tumors. |
| 25 | Diabetes Mellitus type 1. |
| 26 | Endogenous Cushing’s syndrome. |
| 27 | Panhypopituitarism. |
| 28 | Chronic primary adrenal insufficiency. |
| 29 | Chronic respiratory failure. |
| 30 | Obstructive sleep apnea syndrome requiring treatment with CPAP. |

| Sl. No. | Name of disease / condition |
|---|---|
| 31 | Severe Bronchial asthma. |
| 32 | Chronic Kidney Disease. |
| 33 | Autosomal Dominant Polycystic Kidney Disease. |
| 34 | Congenital/hereditary progressive kidney disorders. |
| 35 | Congenital/acquired Bladder dysfunction requiring continued intervention. |
| 36 | Major congenital genitourinary abnormality with residual functional defects requiring continued management/intervention. |
| 37 | Anatomic Disorders of sexual dysfunction. |
| 38 | Moderate to Severe Psoriasis of PASI >10. |
| 39 | Severe Atopic Dermatitis. |
| 40 | Severe Pemphigus Vulgaris. |
| 41 | Severe Chronic Urticaria. |
| 42 | Vitiligo >10 to <50% BSA. |

**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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