

भारत सरकार/GOVERNMENT OF INDIA  
रेल मंत्रालय/MINISTRY OF RAILWAYS  
(रेलवे बोर्ड)/RAILWAY BOARD

No. 2005/H/6-4/Policy-II

New Delhi, dated : 31.01.2007

**The General Managers,  
All Indian Railway/Production Units.  
Director General, R.D.S.O., Lucknow.**

**Sub : Reimbursement of medical expenses- procedure of disposal.**

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The issue of bringing in objectivity, consistency and transparency in disposal of reimbursement cases, where the treatment has been taken in emergency without consultation with the Authorized Medical Officer, has been under consideration of the Board.

The Railway Board after thorough review of the whole subject of reimbursement has taken the following decisions which are to be implemented with immediate effect.

Any instructions on this subject as available in IRMM 2000 or any office order issued prior to this office order and will stand modified, accordingly.

**I The cases to be considered for sanction of reimbursement claim**

To provide proper medical treatment, the Indian Railway Health Care Delivery system has 121 number of Railway Hospitals and 586 No. of Railway Health Units established all over India. In addition to this, all Govt. Hospitals and more than 115 private hospitals all over the country have been recognized to provide necessary medical treatment to Railway beneficiaries.

As per extant rules, a railway beneficiary must report to Railway Medical Officer for his/her and dependents' medical treatment. The Authorized Medical Officer will make necessary arrangements for medical treatment through Railway Hospital/Govt. Hospital/Pvt. Recognized Hospital. In exceptional situations, CMDs of Zonal Railways can obtain special permission from Railway Board for treatment in any Private Hospital on case to case basis. Hence, there is no scope available for any railway beneficiary to go to any private hospital himself/herself or their dependents on their own volition, except in case of real emergency situation.

“Emergency” shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient. Some examples are- Road accidents, other types of accidents, acute heart attack etc. Under such conditions, when the Railway beneficiary feels that there is no scope of reporting to his/her

authorized Railway Medical Officer and avails treatment in the nearest and suitable private Hospital, the reimbursement claims are to be processed for sanction, after the condition of the emergency is confirmed by the authorized Railway Medical officer ex-postfacto.

In order to establish the emergency condition, following parameters are to be examined on record:-

- (a) Admission details:-
  - (i) Date and time of admission.
  - (ii) Admitted through OPD service/ emergency service.
  - (iii) Admitted to an ICU bed or general bed or cabin bed.
- (b) Clinical findings at the time of admission. Following findings should be made available and critically evaluated:-
  - (i) Pulse rate.
  - (ii) B.P.
  - (iii) Level of consciousness
  - (iv) Any convulsive feature.
  - (v) Urine output
  - (vi) Any other feature of shock.
  - (vii) Body temperature
  - (viii) Extant of external wound
  - (ix) Extant of active bleeding.
  - (x) Extant of Chest pain or pain in other part/s of the body.
- (c) Types of medical treatment given immediately after admission.
  - (i) List of Emergency medicines used immediately after admission.
  - (ii) Type of surgical procedure done immediately after admission.

## **II Calculation of the amount of reimbursement to be sanctioned out of the claimed amount:-**

Once the emergency is established beyond doubt, then the case should be further processed for calculating the amount/money to be sanctioned.

For that, following guidelines are given:-

- a) Treatment taken in Govt. Hospital – Full admissible amount should be recommended for sanction.
- b) Treatment taken in Recognized Private Hospital for an ailment for which it is recognized - Rate as approved by Railway should be processed for sanction.
- c) Treatment taken in a Recognized Private Hospital but for an ailment for which it is not recognized or treatment taken in a non- recognized Private Hospital:-Reimbursement should be made at the CGHS rates of that city or nearest city. CGHS (Central Govt.

Health Scheme) approved rates are to be recommended/processed as an upper limit for sanction.

- III The approved rates of private hospitals recognized by Railway should be put on the Web sites of the Zonal Railways so that at all levels of processing /sanction these are accessible to all concerned.
- IV In Medical Science, no list can be fully exhaustive. Hence, it is likely that there will be few occasions when a claim has been submitted which is not appearing exactly in the CGHS rate list. On these cases, the MD/CMS/MS in charge of Divisions will apply their mind and will come to a logical conclusion. Then, they will pass a speaking order to certify the rate/s being recommended, in consultation with Associate Finance.
- V All the reimbursement cases be processed as per check-list issued earlier to avoid back reference.
- VI These instructions shall be effective from the date of issue of this letter. Past cases, already decided, shall not be re-opened.
- VII This issues with the concurrence of Finance Directorate of Ministry of Railways.

  
**Dr. Hanuman Singh**  
**Executive Director (Health)**  
**Railway Board**

Annexure X

GOVERNMENT OF INDIA  
MINISTRY OF RAILWAYS  
(RAILWAY BOARD)

No. 2006/H-1/13/RTI

New Delhi, dated 05.6.07

SNo 8

Appellate Authority, Adv. (Comml.),  
Railway Board.

Sub:- Appeal against the information supplied under RTI Act, 2005  
filed by Shri S. C. Maheshwari, General Secretary, RREWA,  
490A/16, Gurudwara Road, Civil Lines, Gurgaon.

Ref:- (RTI Cell/2007/46).

As per the appeal under RTI Act' 05 by Sh. S.C. Maheshwari on 20.5.2007 the remarks are as follows:-

S. No.	Question	Answer
(A)	Please connect Railway Board's letter No. 2005/H/6-4/Policy-II Dated 31.01.07 Part I under the heading "The cases to be considered for sanction of reimbursement claim" and disclose the symptoms of acute heart attack".	Symptoms of Acute Heart Attack as available in Harrison's Text Book of INTERNAL MEDICINE (14 <sup>th</sup> Edition) is attached as 'Annexure - A' (3 pages).
(B)	Disclose the opinion of Directorate of Health Railway Board. With reference to the following statements:-	
(1)	Any heart attack mild, major or acute if not treated well in time will cause some permanent damage to heart muscles.	The statement is true.
(2)	Prominent cardiologist & physician advice:- (i) In case of pain any where in chest region report to nearest competent Doctor with adequate facilities. (ii) In case of pain in abdominal region report to nearest competent Doctor with adequate facilities. (iii) In case of sudden weakness in one or both upper or lower limb or sudden weakness in one or both upper or lower limb accompanied with loss of grip or giddiness rush to nearest hospital with adequate neurological facilities. (iv) In case of pain in Shoulder extending towards Elbow with or without pain in Chest region rush to nearest competent doctor with adequate facilities. (v) In case of perspiration with breathing problem rush to nearest competent Doctor with adequate facilities.	For all such symptoms enlisted from (i) to (v), the patient should report to the nearest competent doctor for consultation & further advice.

*Menka S. Jain*  
(Dr. (Mrs.) Menka S. Jain)  
Director /Industrial Health  
Railway Board