



Telangana Integrated Medical Attendance Rules

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TGIMA RULES

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TGIMA RULES

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TGIMA RULES

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- **RULE 22: REIMBURSEMENT OF MEDICAL EXPENDITURE OUTSIDE INDIA**

RULE 3: DEFINITIONS

➤ 1. Government Servant:

means a whole time Government Servant employed under the Government of Telangana.

➤ 2. Hospital:

means a Government Hospital and includes any special hospital in the State or any other Medical Institution recognised by the Government.

➤ 3. Registered Medical Practitioner:

means a person registered under the Madras Medical Registration Act, 1914 and Andhra Ayurvedic & Homoeopathic Medical Practitioner's Registration Act adopted to Telangana State

➤ 4. Authorised Medical Attendant:

means a Medical Officer attached to the Government Hospital or Dispensary in the State who has been nominated by the Government from time to time to serve as Authorised Medical Attendant.

RULE 3: DEFINITIONS

➤ 5. Patient:

means a Government Servant and any member of his family and to whom these rules apply and who has fallen ill.

➤ 6. Station:

means the town or place in which the Government servant and other entitled person falls ill.

➤ 7. Family:

(a) In the case of a male *Government Servant* family means his parents, wife, legitimate children including adoptive and step children residing with and wholly dependent on him;

(b) In the case of a female *Government Servant* family means her parents, husband and children residing with and wholly dependent on her.

DECLARATION OF DEPENDENT PROFORMA

The claims for reimbursement of expenses in respect of parents should be accompanied by a declaration in the proforma given below.

I,.....(full name and designation)
hereby declare that my father/mother.....
has no property or income of his/ her own and
that he/ she is wholly dependent on me.

Signature and date

RULE 5: MEDICAL TREATMENT

Medical Treatment means use of all medical and surgical facilities available at the Government Hospital in which the patient is treated and includes:-

- 1. Necessary Methods of investigation
- 2. Medical and Surgical facilities
- 3. Supply of medicines, vaccines, other therapeutic substances
- 4. Treatment of confinement cases (includes pre-natal and post-natal treatment)
- 5. Accommodation in the Hospital

RULE 5: MEDICAL TREATMENT

Medical Treatment means use of all medical and surgical facilities available at the Government Hospital in which the patient is treated and includes:-

- 6. Diet as is ordinarily provided
- 7. Blood transfusion service
- 8. Ambulance service wherever necessary
- 9. Cost of pacemaker and its replacement charges
- 10. Refund of the cost of Foods / Tonics/ disinfectants not admissible.

ACCOMMODATION

(G.O.Ms.No.68, HM&FW (K1) DEPARTMENT, DATED 28.03.2011)

CATE-GORY	SERVING EMPLOYEES	PENSIONERS	ENTITLEMENT OF WARDS
1	GAZETTED OFFICERS	WHOSE GROSS PENSION IS RS.15,000/- P.M. AND ABOVE	PRIVATE WARD
2	NON - GAZETTED OFFICERS	WHOSE GROSS PENSION IS MORE THAN RS.7,500/- P.M BUT LESS THAN RS.15,000/- P.M.	SEMI-PRIVATE WARD
3	LAST GRADE EMPLOYEES	WHOSE GROSS PENSION IS LESS THAN RS.7,500/- P.M	GENERAL WARD

ESSENTIALITY CERTIFICATE

I certify that Mrs./Mr./Miss.....wife/ husband/ son/ daughter/ mother/ father of Mr.....employed in the.....has been under my treatment for.....diseases fromto..... at.....Hospital and that the under mentioned medicines prescribed by me in this connection were essential for the recovery..... (prevention of serious deterioration in the condition) of the patient. The medicines are not stocked in the.....(hospital for supply to patients) hospital and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, or preparations which are primarily foods, toilets or disinfectants.

Names of medicines :

Price :

Signature and Designation of
Authorized Medical Attendant

Signature of the Medical Officer-
in-charge of the Hospital

BILLS FOR REIMBURSEMENT (of medicines)

- Bills in original along with a duplicate
- Bill should be a cash voucher only

Bill should contain:

- a) Name of the patient
- b) Date of issue
- c) Name of the drug
- d) Cost of the drug
- e) Signature of the AMA
- f) Seal of the AMA

RULE 6: PERSONS ENTITLED TO FREE MEDICAL TREATMENT

- All Government servants of the State
- Employees of local bodies and their family members
- Medical Colleges Staff
- MLAs & MPs
- State higher Judicial Officers
- Students of Govt. Medical Colleges, Sanitary Schools, Nursing Schools
- Govt. employees under suspension
- Family pensioners(*), after expiry of pensioner
 - (* provided that the dependants of family pensioners shall not be eligible for these facilities.*
- Village officers and servants
- Work charged Establishment
- Sportsmen representing the State in Inter-State tournaments at Government expenses, shall be entitled to the privileges under Rule 10
- All Freedom Fighters who are drawing pension from State / Central / UT on par with MLAs

EXCEPTION

- Dismissed or removed Government servants not eligible
- Pensioners convicted by court not eligible
- Persons on whom punishment was imposed under T.G. Revised Pension Rules, 1980, *with a less than 100% cut in his/ her pension* is eligible

RULE 7: ARRANGEMENTS FOR FREE MEDICAL ATTENDANCE

- All Government servants and other entitled personnel are eligible for free medical attendance in the Government Hospitals of the State
- Shall have to produce before the Hospital authorities an identification certificate signed by the Department

IDENTIFICATION CERTIFICATE

GOVERNMENT OF TELANGANA **Identification Certificate**

Name of the Officer / Official:

Designation:

**Accommodation to which the Officer / Official is
entitled in Government Hospital:**

Station :

Date :

**Signature and Designation
Head of the Department / Office**

RULE 8: ENTITLED FREE OF CHARGES

- Medical attendance is free of charges in Govt. hospitals / private hospitals recognized by the Govt.

AGE LIMIT

- No age limit either for the Government employee or for the family member

MODIFICATION OF TGIMA RULES, 1972 – REVISED RULES ISSUED VIDE G.O.MS.No.74,Dt.15-3-2005

- Government reviewed TGIMA Rules, 1972 due to frequent amendments/ clarifications/ orders from time to time.
- A committee formed under the chairmanship of the then DGHS, to study and to give a report. Based on the report, Government have issued G.O.Ms.No.74, H.M&F.W(K1) Dept., Dt.15.03.2005

MODIFICATION OF TGIMA RULES, 1972 – REVISED RULES ISSUED VIDE G.O.MS.No.74,Dt.15-3-2005

➤APPLICABLE TO:

1. All State Government employees and their dependents, including AIS officers, employees under suspension, employees of local bodies etc.,
2. Pensioners, their dependents & Family pensioners
3. Members & Former Members of Legislature and their family members
4. Students of Medical, Nursing & Para-Medical Colleges
5. Others allowed by the Government from time to time

MODIFICATION OF TGIMA RULES, 1972 – REVISED RULES ISSUED VIDE G.O.MS.No.74,Dt.15-3-2005

- Adoption of Central Government Health Scheme package rates (CGHS)
- Recognition of Pvt. Hospitals within and outside the state for treatment
- Medical reimbursement at NIMS and also follow-up treatments
- In recognized private hospitals as outpatients for cancer, dialysis, AIDS
- Fixing up ceiling limit for dental treatment

CGHS Package Rates

- “Package Rate” the total cost of :-
in-patient treatment / day care / diagnostic procedure
from the time of admission to the time of discharge.

Direct Treatment In NIMS

(GOMS 134 HM&FW dt 9-4-2001)

- In-service, retired employees & dependents
- Without referral

Outpatient and Follow-ups

All types of Out Patient including diagnostics, and follow up treatment

- NIMS
- All Govt. Hospitals

But in recognized pvt. Hospitals:

- Chemotherapy, radiotherapy
- Dialysis
- Cardiac cases
- Neurological problems
- AIDS
- Recommendation by specialist doctor for length of treatment and scrutiny by DME/NIMS

Life-Long Treatment

- Life long follow up treatment for certain diseases
- Revalidation of treatment once in six months
- Scrutiny report of DME/Other authority for reimbursement

***G.O.Ms.No.68, HM&FW (K1) Dept.,
dt.28.03.2011***

- No scrutiny certificate is necessary to the treatment obtained in **NIMS**.

Rs. 2 LAKHS CEILING LIMIT

(AS PER PRC-2005)

For serving employees and their dependents & for
Retired employees and their dependents.

- 1) Bypass Heart surgery
- 2) CABGS
- 3) Double valve replacement
- 4) Open Heart procedure
- 5) Aortic valve replacement
- 6) Kidney Transplantation
- 7) Cancer
- 8) Neuro-Surgery to Brain

CEILING LIMIT FOR OTHER AILMENTS

- Limit will be **Rs.1,00,000** for serving employees and their dependents
- Limit will be **Rs. 75,000** for retired employees and their dependents and family pensioners

DENTAL TREATMENT

(GO Ms. 105 dt. 9-4-07)

Dental treatment to be taken in

- Govt. Hospital, i.e. Teaching Hospital **or**
- District Headquarters Hospital **or**
- TVVP Area Hospital **or**
- Recognized Pvt. Hospital (after obtaining referral letter)

REIMBURSEMENT

- Ceiling limit is Rs. 10,000
- Limited to 3 times
- No reimbursement for cosmetic dental surgery

EYE AILMENTS

- As per CGHS package

AUTHORITY FOR SCRUTINY OF MEDICAL REIMBURSEMENT UP TO Rs. 50,000

➤ Civil Surgeon of Civil Dispensary, TG Secretariat

Medical Officer of rank of CAS of unit hospitals of

- 1. Grey Hounds, Hyd.
- 2. High Court of TG, Hyd.
- 3. Com. of Police, Hyd.
- 4. Govt. Civil Dispensary
District Medical Board (**OR**)
District Hospital Superintendent (**OR**)
Superintendent of Teaching Hospitals.

POWER TO SANCTION REIMBURSEMENT UP TO Rs. 50,000

➤ **Sanction** by district level officers

➤ **Scrutiny** done by

District Medical Board (*OR*)

District Hospital Superintendent (*OR*)

Superintendent of Teaching Hospitals.

REIMBURSEMENT ABOVE Rs. 50,000

- Sanctioning authority is HoD or District Collector
- Scrutiny by DME or NIMS

ROAD ACCIDENT CASES

- Admitted in private hospitals **not recognized** as the referral hospital by the Govt.
- Scrutiny by DME
- Sanction up to Rs. 25,000 by HOD / Dist. Collector
- Above Rs. 25,000 (concerned Administrative Dept., in TG Secretariat)

TREATMENT IN UNRECOGNIZED PRIVATE HOSPITAL DURING EMERGENCY

(G.O. Ms No. 105 HM& FW Dt.09-04-2007)

- Forwarded by the HoD
- Scrutiny by the DME / NIMS
- Ref. to Administrative Department in TG Secretariat
- Consultation with Finance Dept.
- Will not refer to HM&FW

10% CUT ON ELIGIBLE AMOUNT

- 10% cut on Treatment in recognized private hospitals with no referral letter from Govt. hospital **or** NIMS (GO Ms. 175, HM&FW dt. 29-5-97)
- 10% cut on eligible amount for treatment in recognised private hospitals was removed vide G.O.Ms.No.68 HM&FW (K1) Dept., Dt.28.03.2011.

MASTER HEALTH CHECKUP

(G.O.Ms.No.105, HM&FW, Dt.09.04.2007)

- Age 40 years and above up to retirement
- 3 times before retirement
- Minimum interval of one year
- Can be obtained in NIMS
- All Government hospitals
- All recognized private hospitals

MASTER HEALTH CHECKUP

(G.O.Ms.No.105, HM&FW, Dt.09.04.2007)

As per package rates with max. up to Rs. 3,000

- Check up includes
 - (1) Haemogram (CBP, ESR, Platelet count) (2) complete Urine examination, (3) Biochemistry: Serum Uric Acid, Lipid Profile, LFT, Blood Sugar, Fasting and Post Prandial Blood Urea and Serum Creatinine (4) Cardiology ECG, 2D, ECHO Tread mill test whenever necessary (5) Radiology chest X-Ray, Ultra sound Exam Abd. (6) PAP Smear for ladies (7) Micro Biology: HIV, HBs Ag. (8) Blood Grouping Rh. Typing (9) Eye checkup and consultation with physician (10) Thyroid Test and T3, T4, TSH.

MASTER HEALTH CHECKUP

(G.O.Ms.No.105, HM&FW, Dt.09.04.2007)

- Employee submits appl. to concerned HoD/ Regional Office/ District Office
- Concerned HoD/ RO/DO refers employee to the particular hospital asked for reference on LOC basis
- Department obtains bills-scrutiny-payment to hospital
- Ceiling limit for master health checkup is Rs. 3000

CONFINEMENT

- Reimbursement up to 2 deliveries
- Tubectomy as per package rates
- Hysterectomy as per package rates

CLAIM FROM INSURANCE COMPANY

- If the claimant has claimed his medical reimbursement from the Insurance Company, under Health Insurance Scheme by paying premium on his own, reimbursement also be allowed from Govt. as per Central Govt. Health Scheme package rates.
- According to amendment issued vide **G.O.Ms.No.77, HM&FW (A) Dept., Dt.14.07.2022** to sub para 26 under para 9 of G.O.Ms.No.74, Dt.15.03.2015, ***“the total amount reimbursed by the two organisations does not exceed the total expenditure approved for the employee”***

THREE SPELLS FOR SAME AILMENT

GOMs. 601, HM&FW dt. 15-10-2003

- Three spells for CABGS, kidney transplantation, cancer, neurosurgery, PTCA Stent.
(Exception: Orthopedic & Plastic surgery)
- No restriction imposed for treatments of different ailments.
- Justification certificate for 2 & 3 spells

DOCUMENTS IN ORIGINAL TO BE SUBMITTED ALONG WITH CLAIM

- For scrutiny of bills, the following original documents along with application should be submitted along with the claim:-
 - 1) Discharge Summary
 - 2) Emergency Certificate (Except for dental and Eye ailments)
 - 3) Essentiality Certificate
 - 4) Declaration of dependence to be attested by Gazetted Officer
 - 5) Non drawal declaration, which should be attested by Drawing and Disbursing Officer concerned
 - 6) Appendix II
 - 7) Bills & certificates from hospital with signature and seal of specialist doctor
- ***The Xerox copies of documents shall not be accepted***

PROCEDURE FOR DRAWAL OF CLAIMS

- Bills and certificates sent to drawing officer where working / retired
- Drawing Officer will forward to HoD for administrative Sanction
- After scrutiny of bills by DME, HoD will send to Drawing Officer
- Claim will be sent to Treasury/ PAO by Drawing Officer

TIME LIMIT

- Claim for reimbursement within 6 months from the date of discharge.
- For coma, accident cases and expiry, claim within 8 months from the date of discharge/expiry.

DOUBTS REGARDING BILLS

- To DMO for doubts arising in a District.
- To Supt. of Dist. HQ. hospital for doubts arising in municipal limits of Dist. HQ.
- To Supt., OGH / Gandhi for doubts arising in twin cities

EMPLOYEES HEALTH SCHEME

- Consequent on reorganisation of Andhra Pradesh, the Government of Telangana reviewed the implementation of “**Employees Health Scheme**” and decided that the Scheme be implemented with following modifications for providing cashless medical treatment and orders were issued vide G.O.Ms.No.32, HM&FW(A2) Dept, Dt.03.11.2014

EMPLOYEES HEALTH SCHEME

➤ **G.O.Ms.No.32, HM&FW(A2) Dept, Dt.03.11.2014**

1. Total cost shall be borne by the Government and no contribution will be collected from the employees/pensioners
2. There shall be no upper limit on the financial coverage and the total cost of treatment will be covered.

EMPLOYEES HEALTH SCHEME

G.O.Ms.No.32, HM&FW(A2) Dept, Dt.03.11.2014

3. Treatment for all the enlisted procedures will be provided in all the network hospitals (both Private and Government) empanelled with Aarogyasri Health Care Trust.

4. Out Patient for Chronic Diseases will be provided in the notified Government Hospitals only.

EMPLOYEES HEALTH SCHEME

- Detailed guidelines for Chronic Out-Patient *i) treatment, ii) drugs supply & iii) yearly medical check-up* in notified Government Hospitals under Employees Health Scheme were issued vide **G.O.Ms.No.36, HM&FW(A2) Dept., Dt.27.11.2014**

EMPLOYEES HEALTH SCHEME

Present Status:

➤ Government have extended both the schemes of Medical Reimbursement and the Employees Health Scheme to the State Government Employees, Pensioners and their dependent family members **till further orders** vide *G.O.Ms.No.67, HM&FW (A) Dept., Dt.02.04.2025.*

Any Questions

<https://www.dme.telangana.gov.in/content1.php?U=8>

THANK YOU

For your attentiveness
and interaction