

File No 22D(21)/2024/(WE)/D(Res-I)  
Government of India  
Ministry of Defence  
Department of Ex-Servicemen Welfare  
D(WE/Res-I)

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Sena Bhawan, New Delhi  
Dated 24<sup>th</sup> July, 2025

To  
The Managing Director  
Central Organisation, ECHS  
ThimayyaMarg, Gopinath Circle  
Delhi Cantt-10

**Subject: Revision Of Rates For Permission/ Reimbursement Of Cost Of Neuro-Implants Under ECHS**

1. Ref MoHFW, GoI letter No Z15025/44/2023/DIR/CGHS/EHS (Comp No. 8253711) I/3705505/2024 dt 09 Sep 2024 (copy att).

2. In continuation to letter mention vide Para 1 above regarding the permission/ approval for reimbursement of the cost of Neuro-implants, including Deep Brain Stimulation (DBS) Implants, Intra-the cal Pump, and Spinal Cord Stimulators for ECHS beneficiaries and those covered under CS(MA) Rules, 1944, it has now been decided to revise the rates of Neuro-implants. The terms and conditions for permission/ reimbursement are:-

(a) **Prescribing Authority.**

(i)	DBS Implant	Neurologist of a Service Hospital/ Govt Hospitals.
(ii)	Intra-Thecal Pump	Any two service specialists of concerned specialty/ Head of Department of Neurology/ Neuro Surgery of Service Hospital/ Govt Hospital.
(iii)	Spinal Cord Stimulator	

(b) **Approving Authority** - CO ECHS – MD ECHS.

(c) **Approval Process.** The permission for approval for DBS and other NeuroImplants shall be accorded only after the request has been approved and recommended by the respective Standing Technical Committee as given below :-

(i)	MD ECHS	Chairperson
(ii)	HoD Neurology AH R&R	Member
(iii)	Sr Advisor/ CIspl Neurology AH R&R	Member
(iv)	HoDNeuro Surgery AH R&R	Member
(v)	Sr Advisor/ CIsplNeuroSurgery AH R&R	Member
(vi)	Director Medical, CO ECHS	Member/ Secretary
(vii)	AD (R&H) CGHS Delhi (in case of CGHS Beneficiaries) or Addl DDG (MG-II) (in case of CS(MA) Rules, 1944 beneficiaries).	Member/ Secretary

**Instructions for Committee.**

- Recommendation of Minimum of 3 subject field experts (Neurology/ Neurosurgery Specialist) shall be required for justification of the case.
- The committee shall contain at least One Neurologist and One Neuro Surgeon.
- All rejections to be recorded carefully with well justified reasons.
- The technical committee shall consider cases in respect of beneficiaries under CGHS/ CS (MA) Rules, 1944.

(d) **Submission of Application.** The beneficiaries under ECHS will submit a request for permission for DBS or other neuro implants to the Standing Technical Committee from their parent polyclinic through the RC to CO ECHS.

(e) **Reimbursement Criteria.** The DBS and other neuro implants are planned surgery and therefore, prior permission has to be obtained before the surgery is undertaken. The financial approving authority shall be as per extant rules of Delegation of Financial Powers.

(f) **Ceiling Rate.**

Device Type	Revised Cost (INR) Inclusive of GST
DBS-Non-Rechargeable Device with Non-Directional Leads (Battery Life 5-8 years)	<b>Rs 8,37,497/-</b>
DBS-Non-Rechargeable Device with Directional Leads (Battery Life 5-8 years)	<b>Rs 10,32,586/-</b>
DBS-Non-Rechargeable Device with Non-Directional Leads (Minimum Battery Life 15 years)	<b>Rs 11,24,049/-</b>
DBS-Rechargeable Device with Directional Leads (Minimum Battery Life 15 years)	<b>Rs 13,89,936/-</b>
New Battery (Implantable Pulse Generator) Battery Life 5-8 years)	<b>Rs 5,49,450/-</b>
Intra-theal Pump (Minimum Battery Life 7 years)	<b>Rs 5,29,898/-</b>
Spinal Cord Stimulator (Minimum Battery Life 10 years)	<b>Rs 13,90,243/-</b>



The above mentioned ceiling rate does not include the cost of surgery.


(g) **Guidelines/ Indication.** Same as the conditions given under the section of 'intended use' (Annexure-I,II and III) contained in the licence granted (Form MD-15) by the Central Drugs Standard Control Organisation, under Rule 36 of Medical Devices Rule 2017.

(h) **Warranty.** The company shall offer a limited warranty for one year from the date of implantation, providing free replacement in the case of battery failure or device malfunction, as reported by the concerned physician.

(i) **Validity of Rates.** The revised rates shall remain in force for a period of two years from the date of issuance of this Office Memorandum.

2. This issues with the concurrence of MoD (Finance /Pension) vide their ID Note No. 33(22)/2024/Fin./Pen. dated 15.07.2025.

Yours faithfully

  
(L. Fimate)

Under Secretary to the Government of India

Tel/Fax: 23014946

अवर सचिव/Under Secretary  
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## Annexure I

### Extract from Form MD 15 of DBS Therapy

Intended Use: **DBS Therapy** for movement Disorders is indicated for stimulation of the ventral intermediate nucleus (VIM) for patients with disabling essential tremor or Parkinsonian tremor, or stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) for patients with symptoms of Parkinson's disease. Studies have shown that deep brain stimulation with DBS Therapy system is effective in controlling essential tremor and symptoms of Parkinson's disease that are not adequately controlled with medications. Additionally, deep brain stimulation is effective in controlling dyskinesias and fluctuations associated with medical therapy for Parkinson's disease. DBS Therapy for Movement Disorders is also indicated for stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) as an aid in the management of chronic, intractable (drug refractory) primary dystonia, including generalized and segmental dystonia, hemidystonia, and cervical dystonia (torticollis) for individuals 7 years of age and older. DBS Therapy for Epilepsy Bilateral anterior thalamic nucleus (ANT) stimulation using the DBS System for Epilepsy is indicated as adjunctive therapy for reducing the frequency of seizures in adults diagnosed with epilepsy characterized by partial-onset seizures, with or without secondary generalization, that are refractory to antiepileptic medications.

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## Annexure II

### Extract from Form MD 15 of Spinal Cord Stimulator

Intended Use : Neurostimulation for spinal cord stimulation (SCS) – The SCS neurostimulation system is indicated for SCS as an aid in the management of the following conditions : chronic, intractable pain of the trunk and/ or limbs. Stable intractable Angina Pectoris in patients who are not candidates for revascularization, stable intractable Peripheral Vascular Disease of Fontaine Stage II or higher in patients who are not candidates for revascularization. Neurostimulation for Peripheral Nerve Stimulation.

## Annexure III

### Extract for Form MD 15 of Intra-Thecal Pump

Intended Use : (PNS) using percutaneous leads – A PNS neurostimulation system is indicated for PNS as an aid in the management of chronic, intractable pain of the posterior trunk. Neurostimulation for Peripheral Nerve Stimulation (PNSO using surgical leads – A PNS neurostimulation system is indicated for PNS as an aid in the management of chronic, intractable pain of the trunk and / or limbs.