



ESIC
विता से मुक्ति

OFFICE OF THE STATE MEDICAL COMMISSIONER
EMPLOYEES' STATE INSURANCE CORPORATION,
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54.V/24/11/1/2015 /) SMC (Empl)

Dated 29 -8-2016

- 1) The Director of Insurance Medical Services, Thycaud, Trivandrum 695 014
- 2) MS's of all ESIC/ESIS Hospitals of Kerala
- 3) Regional Dy Director, Kollam, Ernakulam & Kozhikode

Sir,

Sub : Guidelines for referral of SST bills -reg.
Ref: This office letter of even no dt 10.8.2016

Kindly refer to the time to time guidelines issued regarding the referral of the SST bills in respect of IPs/ dependants. As per the ESIC Operation Manuel 2015 and subsequent instructions issued by ESIC Head quarters office it has been emphasized the formation of "Committee for SST reference". Some duties has also been assigned to this committee vide para 3.3 (iv,v,vi) of the Manuel. But some of the ESI hospitals has not adhered to the directions communicated by this office and our Hqrs Office. All the hospitals should adhere to the following guidelines strictly.

- 1) A committee for SST reference may be constituted by MS consisting of
 - a) DMS
 - b) Two other doctors(at the minimum) who would be specialist and / or medical officers authorized by M S.
 - c) In ESIS hospitals, an additional member representative nominated from state health / labor dept, looking after ESI Scheme as the case may be.
- 2) The referral shall be examined by the above committee and decide the necessity of referral based on the services not available in the ESI hospital or the services cannot be provided within a reasonable time.
- 3) After the decision of the committee for referral to the patient to a tie up hospital, the chairman or the committee members should sign the referral proforma duly affixing the stamp to avoid misuse.
- 4) In case of Malignancy and Chronic Renal Failure the committee should examine whether the disease is pre existing or not. Medical benefit is available if the disease is not pre existing. **The Chairman /Committee should also certify in the referral letter that the disease was not pre existing** so as to get the tertiary benefit. This is applicable to the IPs/ Dependant of IPs who are registered with effect from 30.8.2014. There is no need to examine whether the disease is pre existing or not in respect of IPs /dependants who were registered prior to 30.8.2014.