Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Podiatry	Policy Number: **UM-MED-07**
Department: Utilization Management	Effective Date: 4/1/2026 Date Revised: 10/05/2026 Date Reviewed: 10/05/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of 4

PURPOSE:

The policy is designed to ensure compliance with CMS Medicare Advantage requirements and Elite Health Plan benefit design. Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and outlines the Utilization Management requirements and associated processes. This policy is followed by applicable personnel of Elite Health Plan, Inc., including Delegated IPAs, Medical Groups, and supplemental benefit providers, and describes the processes necessary to meet regulatory requirements in effect as of the stated effective date.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage
Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.

Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
EOC	Evidence of Coverage

POLICY:
Elite Health Plan provides coverage for podiatry services when rendered as Medicare-covered services in accordance with applicable Medicare guidelines and as supplemental benefits for eligible members.

A. Medicare-Covered Podiatry Services

Elite Health Plan provides coverage for Medicare-covered podiatry services when services are reasonable and medically necessary in accordance with Medicare guidelines.

Covered services include, but are not limited to:

- Evaluation, diagnosis, and medical or surgical treatment of diseases and injuries of the foot, including conditions such as hammertoes, heel spurs, and other foot disorders.
- Routine foot care for members with qualifying medical conditions that affect the lower extremities, when coverage criteria under Medicare are met. (example: Diabetes)
- Prior authorization rules apply if you do not have a certain medical condition. (example: Diabetes)
- Prior authorization requests will be reviewed and processed by the delegated entity in accordance with the terms and responsibilities outlined in the applicable contractual agreement.

Compliance and Regulatory Alignment
This policy is aligned with:

- CMS Medicare Advantage benefit guidelines

- CMS Evidence of Coverage (EOC) standards

This policy does not expand coverage beyond CMS-approved benefit filings.

Policy Administration

Elite Health Plan reserves the right to:

- Update contracted providers and vendors
- Modify benefit offerings consistent with CMS approval
- Interpret and apply this policy in accordance with plan documents

In the event of a conflict, the Evidence of Coverage (EOC) governs.

REFERENCE:

- Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections
- Plans & Benefits | Elite Health Plan

REVISION NOTES:

Date of Revision:	Revised by:	General Revision Notes
4/1/2026	Kristina Fletcher	Created
10/05/2026	Kristina Fletcher	Revised