| **Elite Health Plan**<br>**POLICY AND PROCEDURE** | Elite Health |
|---|---|
| **Name**: Elite Health Plan Policy for Hearing Services | Policy Number: **UM-MED-01** |
| **Department**: Utilization Management | Effective Date: 3/19/2026<br>Date Revised: 10/2/2026<br>Date Reviewed: 10/5/2026 |
| **Reviewed and Accepted By:**<br>Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager | **Chief Medical Officer Signature:**<br><br>Page **1** of **4** |

**PURPOSE:**

This medical policy establishes Elite Health Plan's coverage guidelines, benefit limits, and requirements for Medicare-covered and supplemental hearing services, including routine hearing exams, hearing aids, and related services. 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 addresses the requirements and processes related to Utilization Management and the requirements for:

- Eligible Elite Health Plan Medicare Advantage members
- Contracted providers, including audiologists and physicians
- Medical management and utilization review personnel

Applicable personnel in Elite Health Plan, Inc, Delegated IPAs and Medical Groups follow this policy. This document is intended to describe processes necessary to meet regulatory requirements as of the effective date above.

**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. |
| Nations Hearing | Elite Health Plan's contracted online hearing aid vendor. |
| NCD | National Coverage Determination |
| LCD | Local Coverage Determination |
| EOC | Evidence of Coverage |

**POLICY:**
Elite Health Plan provides coverage for medically necessary diagnostic hearing services as required under Medicare and offers supplemental routine hearing benefits, including hearing aids, in accordance with CMS-approved benefit design. Coverage is subject to plan rules, benefit limits, provider contracting requirements, and applicable cost sharing.

**Medicare Covered Hearing Services**

Elite Health Plan covers medically necessary diagnostic hearing and balance examinations when furnished to evaluate or diagnose a medical condition and determine the need for medical treatment. Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.

**Coverage Conditions**

Services must meet Medicare medical necessity criteria. Review of Medicare covered services must follow the Elite Health Plan Hierarchy of Clinical Guidelines: NCD, LCD, EOC, EHP evidence-based guidelines, and MCG guidelines.

- Services must be provided by an Elite Health Plan contracted provider unless prior authorization or exception is granted.
- Coverage is limited to services and devices obtained from Elite Health Plan for contracted providers.
- Services or devices obtained outside the contracted network without authorization are not covered.

**Non-Covered Medicare Routine Hearing Services (Supplemental Benefit)**

The following routine hearing services are not covered under Original Medicare but are provided as a supplemental benefit through Elite Health Plan's contracted hearing vendor, Nations Hearing:

- Routine hearing examination, limited to one (1) exam every twelve (12) months
- Hearing aid fitting and evaluation services
- Prescription hearing aids available at discounted rates through participating vendors.
- Over-the-counter (OTC) hearing aids.

Routine hearing services under this supplemental benefit must be obtained through Elite Health Plan's contracted provider. A referral from a primary care provider is not required for online hearing screenings conducted through the Plan's contracted online audiology provider.

**Benefit Description**

**Flex Benefit Card Allowance**

Members receive a Flex Benefit Card allowance of **$450 per quarter**, up to a maximum of **$1,800 annually**. Flex Benefit funds may be used toward eligible hearing-related expenses, including:

- Prescription hearing aids
- OTC hearing aids
- Hearing aid fittings and related services

**Benefit Limits**

- Three follow-up visits
- 3-year manufacturer's repair warranty
- 3 years of batteries included*
- One-time replacement coverage for lost, stolen or damaged hearing aids**

**Hearing Aid Fitting and Evaluation**

Hearing aid fittings and evaluations are covered for twelve (12) months following the purchase of Elite Health Plan-covered hearing aids obtained from a contracted vendor.

**Compliance and Regulatory Alignment**

This policy is aligned with:

- CMS Medicare Advantage benefit guidelines
- CMS Evidence of Coverage (EOC) standards
- CMS Marketing and Supplemental Benefit requirements

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 |
|---|---|---|
| 3/19/2026 | Kristina Fletcher | Created |
| 10/2/2026 | Kristina Fletcher | Revised based on new coverage for 2027 |