No. S.11030/76/2026-EHS(8398267)/I/3896270/2026
Government of India
Ministry of Health & Family Welfare
[EHS Section]
*****

Kartavya Bhavan-1, New Delhi
Dated: 09-09-2026

OFFICE MEMORANDUM

Subject: Revision of ceiling rate and guidelines for reimbursement of expenses on purchase of Standard Digital Programmable and Rechargeable Hearing Aid under CS(MA) Rules, 1944 and CGHS - reg.

The undersigned is directed to refer to this Ministry's Office Memorandum No. S.11011/37/2019-EHS dated 01.12.2020 on the above subject and to state that, on the basis of the recommendations of the Technical Committee and with the concurrence of the Integrated Finance Division, it has been decided to revise the ceiling rate and guidelines for reimbursement of hearing aids under CS(MA) Rules, 1944 and CGHS.

2. The revised reimbursable category and ceiling rate for hearing aid shall be as under:

Reimbursable item	**Maximum admissible ceiling**	**Remarks**
Standard Digital Programmable and Rechargeable Hearing Aid (Digital BTE and Digital ITC/CIC) *	Actual expenditure or ₹30,000/- per ear, whichever is lower	Ceiling inclusive of GST and all other applicable taxes. Complete usable package and three-year comprehensive warranty included. No separate reimbursement for GST, standard charger, ordinary fitting components, programming, fitting, verification, counselling or routine maintenance. For clinically justified bilateral fitting: up to ₹60,000/-, subject to actual expenditure.

*The above reimbursable item shall be clinically prescribed and shall conform to the minimum functional specification prescribed at **Annexure-I** to this Office Memorandum

Body-worn/pocket type and analogue BTE hearing aids shall continue to remain excluded from reimbursement.

3. Beneficiaries covered under CS(MA) Rules/CGHS shall be eligible to obtain hearing aids as per the following guidelines:

i. Patients/beneficiaries shall be properly referred to an ENT Specialist of CGHS/Government Hospital/CGHS empanelled Hospital by the Medical Officer of CGHS where ever applicable from the CGHS Wellness Centre/AMA, as applicable in the case of a CS(MA) beneficiary.

ii. The ENT Specialist shall recommend the hearing aid on the basis of audiometric and audiological assessment. The prescription shall specify the clinical requirement and required acoustic output based on the beneficiary's audiological assessment and shall not specify or recommend any particular brand, manufacturer, make or commercial model. The Audiogram Report shall be duly authenticated by the treating ENT Consultant of CGHS/Government Hospital/CGHS empaneled Hospital.

iii. Permission to procure the hearing aid shall be granted by the Additional Director of the CGHS city in the case of CGHS pensioner beneficiaries, and by the Head of Department/Office in the case of serving employees and beneficiaries of Autonomous Bodies, on the basis of recommendation of the competent ENT Specialist and an undertaking, in the format prescribed at **Annexure-II**, that the beneficiary has not been reimbursed the cost of a hearing aid during the preceding five years.

4. Reimbursement claim shall be submitted to the office of the Additional Director city through the In-charge of the concerned Wellness Centre in the case of CGHS pensioner beneficiaries, and to the concerned Ministry/Department/Office in the case of serving employees and to the concerned Autonomous Body in the case of beneficiaries of Autonomous Bodies, in the prescribed medical reimbursement claim form along with the following documents:

a. Referral letter from the CGHS Wellness Centre where ever applicable , including the computerized referral slip wherever computerization is already operational.

b. Copy of the prescription of the ENT Consultant of CGHS/Government Hospital/CGHS empaneled Hospital, along with the Audiogram Report duly authenticated by the treating ENT Consultant.

c. Copy of the CGHS Card.

d. Bill/tax invoice in original carrying details of the hearing-aid seller/service provider, including name, qualification and RCI/MCI registration number, as applicable, and details of the hearing aid supplied, including serial number, amount paid and GST/tax particulars.

e. Permission letter to purchase the hearing aid, in original.

f. Empty box/boxes or carton(s) with the original label showing the details of the hearing aid supplied.

g. Documentary evidence that the supplied hearing aid conforms to the notified minimum functional specification, together with the fitting/programming and verification record.

h. Three-year comprehensive warranty certificate and relevant authorised-supply documentation. Reimbursement shall be restricted to the actual amount paid as supported by a valid invoice or ₹30,000/- per ear, whichever is lower. The ceiling is inclusive of GST and all other applicable taxes. Any expenditure in excess of the prescribed ceiling shall be borne by the beneficiary.

5. Records of permissions granted for procurement of hearing aids shall be maintained by CGHS in respect of pensioner CGHS beneficiaries and by the concerned Ministry/Department/Office in respect of other beneficiaries.

6. Replacement of a hearing aid may be permitted only after completion of five years from the date of purchase/reimbursement of the previous hearing aid. No condemnation certificate shall be required for replacement of a hearing aid that has completed the prescribed five-year period.

7. Maintenance and repair after expiry of the three-year comprehensive warranty, and the cost of replacement batteries or other consumables required thereafter, shall be the responsibility of the beneficiary.

8. The revised rate and guidelines shall come into force from the date of issue of this Office Memorandum and shall supersede the provisions of Office Memorandum No. S.11011/37/2019-EHS dated 01.12.2020 to the extent relating to hearing-aid categories, ceiling rates and reimbursement conditions covered herein.

9. This issues with the concurrence of the Integrated Finance Division vide CD No. 1917 dated 02.09.2026 and with the approval of the Competent Authority.

Digitally signed by
SONIKA KHATTAR
Date: 09-09-2026
15:39:53

(Sonika Khattar)
Deputy Secretary to the Government of India
Tel. No. 011-24013215

To,

1. All Ministries/Departments, Government of India.
2. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR), Ministry of Health & Family Welfare.
3. PPS to DGHS/AS&DG (CGHS)/AS&FA and other concerned senior officers, MoHFW, New Delhi.
4. Additional Director (HQ), CGHS, New Delhi.
5. All Additional Directors/Joint Directors of CGHS cities.
6. Rajya Sabha/Lok Sabha Secretariat, New Delhi.
7. Registrar, Supreme Court of India, New Delhi.
8. U.P.S.C., Dholpur House, New Delhi.
9. Office of the Comptroller & Auditor General of India, Deen Dayal Upadhyaya Marg, New Delhi.
10. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi.
11. Deputy Secretary (Civil Service News), Department of Personnel & Training, Sardar Patel Bhawan, New Delhi.
12. Secretary, Staff Side, National Council (JCM), Ferozshah Road, New Delhi, and all Staff Side Members of National Council (JCM).
13. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, New Delhi.
14. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi.
15. Chairman, Employees' State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, New Delhi.
16. Hindi Section, MoHFW, Nirman Bhawan, New Delhi, for Hindi version of this O.M.
17. Guard file.

ANNEXURE-I

MINIMUM FUNCTIONAL SPECIFICATIONS
Standard Digital Programmable and Rechargeable Hearing Aid

The requirements are functional and brand-neutral.

Requirement	Minimum acceptable condition
Technology	Fully digital and computer programmable; current, non-discontinued model.
Frequency adjustment	At least 8 independent frequency channels/bands, or documented functionally equivalent processing architecture.
Compression	Multichannel wide-dynamic-range compression with programmable gain.
Listening programmes	Automatic programme plus at least 3 selectable/programmed listening programmes.
Speech in noise	Directional or equivalent microphone-based speech enhancement and digital noise reduction.
Feedback control	Digital adaptive feedback cancellation.
Output safety	Programmable maximum power/output control appropriate to the authenticated audiogram.
Fine-tuning	Data logging and facility for in-clinic reprogramming through current OEM fitting software.
Clinical range	Gain/output and coupling selected by the audiologist for the beneficiary's measured hearing loss.
Power source	Rechargeable; the standard charger is mandatory within the quoted package.
Identification	Make, model, serial number and applicable regulatory/licence particulars on device documents and invoice.
Warranty	Minimum 3-year comprehensive warranty on device and standard charger, if supplied.

Note: Optional premium features, including wireless streaming or app-based functions, shall not by themselves entitle the beneficiary to reimbursement beyond the prescribed ceiling.

ANNEXURE-II

UNDERTAKING BY THE BENEFICIARY

For Purchase / Replacement and Reimbursement of Hearing Aid under CGHS / CS(MA) Rules

Name of beneficiary	
CGHS Beneficiary ID / Card No.	
Status	Pensioner / Serving Employee / Dependent / Other: _____
Parent CGHS Wellness Centre / Office	
Mobile No.	
Date of ENT prescription / Audiogram	

I, the above-named beneficiary, hereby solemnly undertake and declare as under:

1 . I have been clinically prescribed a hearing aid by the competent ENT Specialist on the basis of my audiometric/audiological assessment.

2. I have not been reimbursed the cost of a hearing aid, nor obtained a hearing aid at Government expense under CGHS/CS(MA) Rules, during the preceding five years from the date of the present request.

3 . I shall purchase a hearing aid conforming to the minimum functional specifications prescribed at Annexure-I and consistent with the clinical and acoustic requirements recorded in the authenticated prescription/audiogram.

4 . I understand that the maximum admissible reimbursement is the actual expenditure incurred or ₹30,000/- per ear, whichever is lower, and that the said ceiling is inclusive of GST and all other applicable taxes.

5. I understand that no separate reimbursement is admissible for the standard charger, ordinary fitting components, programming, fitting, verification, counselling or routine follow-up services forming part of the complete usable package.

6. Where the device selected by me costs more than the prescribed ceiling, or includes optional/premium features, I shall bear the excess expenditure myself and shall not claim the same from CGHS/CS(MA).

7. I shall not claim or receive duplicate reimbursement for the same hearing aid from any other Government Department, employer, insurance mechanism or public authority.

8 . The documents, invoice and particulars submitted by me in support of permission/reimbursement shall be genuine and relate to the hearing aid actually supplied to me. I undertake to refund any amount found to have been reimbursed contrary to the applicable rules/orders.

I certify that the above declaration is true and correct to the best of my knowledge and belief.

Place: _____ Signature of Beneficiary: _____

Date: _____ Name:_____

CGHS Beneficiary ID_____

Mobile No.: _____