Payment Policies Updates

November 8, 2022

Dear Provider:

Thank you for your continued partnership with Silversummit Healthplan. As you know, we continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. We are writing today to inform you of new policies Silversummit Healthplan will be implementing effective **1/1/2023.**

For more detailed information about these policies, please refer to our website at https://www.silversummithealthplan.com/providers/resources.html. For questions about this or any of our payment policies, please don't hesitate to reach out to our Provider Services team at 1 -844-366-2880.

Sincerely,
Silversummit Healthplan

Policy Number	Policy Name	Policy Description	Line of Business (LOB)
CP.PP.500	3 Day Payment Window	All hospitals (other than non-IPPS hospitals) are subject to a 3-day bundling requirement when they furnish preadmission diagnostic services to a member on the date of the inpatient admission or within 3 calendar days prior to the date of the inpatient admission, or when they furnish preadmission non-diagnostic services that are related to the member's inpatient admission, on the date of the inpatient admission or within 3 calendar days prior to the date of the inpatient admission.	Medicare
CC.PP.501	30 Day Readmission	All hospital claims submitted for a plan member that qualify as a readmission within 30 days of a discharge from the same hospital or a related hospital are subject to clinical review.	Medicare
CP.MP.105	Digital EEG Analysis	Digital EEG spike analysis is considered medically necessary for members who have intractable epilepsy with a need for presurgical evaluation.	Medicare
CP.MP.96	Ambulatory EEG	Allows for ambulatory EEGs following an inconclusive or nondiagnostic standard EEG for indications outlined in the policy.	Medicare
CC.MP.106	Endometrial Ablation	The treatment for endometrial ablation is considered experimental or investigational if it is photodynamic endometrial ablation or for treatment for all other conditions than those specified in the policy.	Medicare
CP.MP.153	Helicobacter Pylori Serology Testing	Code 86677 will not be paid because it is not medically necessary.	Medicare
CP.MP.123	Laser Skin Treatment	Excimer laser skin based phototherapy (CPT codes 96920, 96921, and 96922) is considered medically necessary when it is submitted with one of the above ICD-10 diagnosis codes.	Medicare

CP.MP.139	Low Frequency US Wound Therapy	Low-frequency ultrasound wound therapy is considered investigational and is not reimbursed.	Medicare
CP.PHAR.176	Paclitaxel Protein Bound	Paclitaxel, protein-bound (Abraxane) is considered medically indicated for the treatment of metastatic breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy, the treatment of locally advanced or metastatic non-small cell lung cancer as a first-line treatment in combination with carboplatin in patients who are not candidates for surgery, and for the treatment of metastatic adenocarcinoma for the pancreas as a first-line treatment in combination with gemcitabine. Provider must submit documentation, including office chart notes and lab results, supporting that the member has met all approval criteria as outlined in the policy.	Medicare
CC.PP.055	Physician's Office Lab Testing (POLT)	Only in-office laboratory procedures that are to be used in establishing a diagnosis and/or to select the best treatment option to manage the patients care will be reimbursed and that the higher quality laboratory tests are performed in the correct setting. The only allowed in-office laboratory tests are those on the Short Turnaround Time (STAT) laboratory code list, included in the policy.	Medicare
CC.PP.057	Problem-Oriented Visits with Preventative Visits	A physician or other qualified health professional may submit both a preventative E&M CPT code and a problem oriented E&M CPT code on the same date of service for the same patient. Once clinically validated, (see CC.PP.013), if the problem-oriented E&M represents a significant and separately identifiable E&M procedure or service, the problem-oriented procedure code will be reimbursed at a reduced rate.	Medicare
CC.PP.052	Problem-Oriented Visits with Surgical Procedures	A physician or other qualified health professional may submit both a problem-oriented E&M CPT® code and a surgical procedure code on the same date of service for the same member. Once clinically validated (see CC.PP.013 “Clinical Validation of Modifier -25”) if the problem-oriented E&M represents a significant and separately identifiable E&M procedure or service, the problem-oriented procedure code will be reimbursed at a reduced rate.	Medicare
CP.MP.154	Thyroid Testing in Pediatrics	Deny thyroid function tests and insulin level testing in healthy, or obese but otherwise healthy, children 1-18 years of age. This is because slightly elevated levels of TSH in obesity are more likely a consequence of obesity than true hypothyroidism and there are significant limitations in the use of insulin levels as a marker of insulin resistance.	Medicare
CC.PP.502	Wheelchair Seating	Special wheelchair seating cushions are medically necessary for the indications outlined in the policy.	Medicare
CC.PP.502	Wheelchairs and Accessories	Special wheelchair accessories are allowed based on the the indications outlined in the policy.	Medicare
CP.PP.143	Wireless Motility Capsule	Code 91112 will not be paid because it is investigational and not medically necessary.	Medicare