



Medicare Prior Authorization

List effective 7/1/2025

SilverSummit Healthplan requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by SilverSummit Healthplan.

SilverSummit Healthplan is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website
<https://www.silversummithealthplan.com/providers/preauth-check/medicare-pre-auth.html>.

Effective July 1, 2025, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Durable Medical Equipment	PA Required	Wheelchairs	E1012
	No PA Required	Beds	E0184
		Neurostimulators	E0720, E0730
		Wheelchairs	E0956, E0973, E0990, E2210, E2361, E2363, E2365, E2607, K0019, K0043
Surgery Procedures	PA Required	Skin Grafts	Q4205