

# Provider Newsletter

Insights, Updates, and Resources to Empower Your Practice

Fall 2025

## STAYING CONNECTED

### EDUCATIONAL RESOURCES THIS QUARTER

Improving Outcomes Through Screenings and Education

### PROVIDER NOTIFICATIONS

Did you know? New Notifications

### UPCOMING TRAINING

Diabetes in Primary Care ECHO



FOR MORE INFORMATION REGARDING PROVIDER NEWS PLEASE VISIT [SILVERSUMMITHEALTHPLAN.COM](https://www.silversummithealthplan.com)

## Educational Resources This Quarter

- ✓ SBIRT Pilot Incentive Program: June through December
  - ✓ SBIRT Screening: Maternity Care
- ✓ Pre-Eclampsia Awareness: Blue Band Initiative
- ✓ Bridging Barriers: Supporting Members with Autism through Inclusive, Person-Centered Care
- ✓ Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care
- ✓ Medical Records Submission



## New SBIRT Incentive: Pilot Launch June 2025

To support early identification and intervention for substance use, SilverSummit Healthplan is launching a new incentive pilot program focused on SBIRT (Screening, Brief Intervention, and Referral to Treatment). This pilot will run from June through December 2025 and is designed for providers delivering routine care, including primary care physicians, APRNs, PAs, and OB/GYNs.



### Incentive Breakdown

- \$10 for each completed SBIRT screening (CPT H0049)
- Additional \$5 for screenings completed for pregnant members
- \$15 for completed brief interventions (CPT 99408 or 99409)

Incentives will be automatically paid through the claims process, ensuring timely reimbursement without the need for additional paperwork.

### Why This Matters

SBIRT plays a key role in identifying substance use concerns early, before they escalate into a crisis. By screening members during routine visits, providers can refer them to appropriate behavioral health or substance use treatment services. This helps improve outcomes and prevent avoidable ER visits or hospitalizations.

### Key Considerations

- The incentive is available once per provider, per member, per year
- This pilot applies to office-based providers, not emergency room settings

### Resources Available

Providers can access our comprehensive SBIRT quick reference guide through our website or request it directly from their provider relations representative. The tip sheet includes:

- Step-by-step billing instructions
- Approved screening tools
- Referral resources for members who screen positive

We're excited to launch this initiative and partner with You to expand access to early substance use screening and intervention. Together, we can build a foundation for better long-term outcomes for our members.



## SBIRT Screening: Maternity Care

### Promoting Universal Substance Use Disorder (SUD) Screening

SUD during pregnancy remains a significant public health issue. These behaviors pose a significant risk to birth outcomes of expectant mothers and their babies.



Drug overdose is the leading cause of maternal mortality in Nevada, with 30.6% of pregnancy-related deaths in 2021 attributed to unintentional overdoses.<sup>1</sup>

Additionally, an estimated forty-two babies are born annually with opioid exposure, and 55-94% of opioid-exposed infants experience neonatal opioid withdrawal syndrome (NOWS).<sup>2</sup>

### Why This Matters

Maternity care providers play a pivotal role in ensuring the health and well-being of both mothers and babies. That is why SSHP is excited to announce an incentive to promote the adoption of SBIRT (**S**creening, **B**rief Intervention, and **R**eferral to Treatment) among maternity care providers! The aim of the SBIRT incentive is to reduce SUD among pregnant individuals by promoting early identification of SUD through the implementation of SBIRT.

### How it works

1. Universally screening all pregnant individuals, minimizing the potential for implicit bias that can occur when providers use subjective risk factors to determine who to screen and may also decrease the stigma associated with substance use and screening.
2. Complete SBIRT using a validated screening tool.
3. Bill for SBIRT using the following codes: H0049; 99408; 99049.
  - a. SBIRT screens completed in the first trimester, please include one of the following (ICD-10) codes: z3A01; z3A08; z3A09; z3A10-A11.

### Reimbursement

CPT Code	Reimbursement	Incentive	Screened in first trimester	Total
H0049	\$10.24	\$10	\$5	\$25.75
99408	\$22.86 - \$43.75	\$15	\$5	\$42.86 - \$63.75
99409	\$44.12 - \$85.21	\$15	\$5	\$64.12 - \$105.21

1. Nevada Department of Health and Human Services. (2022). Maternal Mortality Review Committee Report. <https://dhhs.nv.gov>

2. America's Health Rankings. (2023). Neonatal Abstinence Syndrome-Nevada. <https://www.americashealthrankings.org/explore/measures/nas/NV>



## Pre-Eclampsia Awareness: Blue Band Initiative



SilverSummit Healthplan (SSHP) is pleased to support the “Blue Band” Initiative, a vital effort launched by the Valley Health System (VHS) to improve maternal-infant outcomes by increasing awareness of preeclampsia.

### What is the “Blue Band” Initiative?

Patients identified as “at risk” for developing preeclampsia or having elevated blood pressure after giving birth will be given a **blue wristband** during pregnancy and after delivery. The wristband serves as a visual cue, ensuring that all healthcare providers are aware of the potential risk.

### Why is Preeclampsia Awareness Important?

Preeclampsia and postpartum hypertension don’t end at delivery. In Nevada, maternal health is a critical concern. From 2018 to 2020, Nevada reported 20 pregnancy-related deaths (PRDs)<sup>1</sup>.

Hypertensive disorders of pregnancy (HDP) including preeclampsia are among the leading causes of maternal deaths. Specifically in Nevada, HDP accounted for 18.7% of PRDs from 2017 to 2018<sup>1</sup>. This underscores the importance of initiatives that promote awareness and vigilance even after delivery.

### How can you help?

As a healthcare provider, your participation in the “Blue Band” initiative is pivotal. Here are ways you can help improve maternal health outcomes.

**Educate patients:** Inform your patients about the significance of the blue wristband and importance of monitoring blood during and after pregnancy.

**Monitor and Assess:** Regularly check blood pressure and look for signs of preeclampsia in patients, especially those wearing a blue wristband.

**Collaborate:** work closely with other healthcare professionals to ensure comprehensive care for patients at risk.

**Stay Informed:** Keep up to date with the latest guidelines and best practices for managing preeclampsia.

1. Nevada Department of Health and Human Services. Maternal Mortality in Nevada. Retrieved from : Maternal Mortality in Nevada\_2022.12.23





## Bridging Barriers: Supporting Members with Autism through Inclusive, Person-Centered Care



**April was Autism Acceptance Month**—a time to recognize and support the diverse strengths of people on the autism spectrum. As healthcare providers, you play a key role in removing barriers and advancing inclusive care for all members.

Autistic individuals often face additional challenges navigating the healthcare system, particularly those from underserved communities. Autism is not a one-size-fits-all diagnosis. Cultural beliefs and societal norms shape how autism is perceived, diagnosed, and treated across different communities. Some cultures embrace neurodivergence as a unique way of thinking, while others may struggle with stigma or misinformation. Addressing these differences through cultural humility and responsive programming is essential in ensuring equitable support for autistic individuals and their families. By identifying barriers and collaborating with SilverSummit's resources, we can improve outcomes and promote healthier futures for our members.

### Factors that contribute to health inequities

<p><b>Discrimination:</b> People with autism may experience discrimination from service providers, which can lead to delays in diagnosis and care.</p>	<p><b>Lack of access:</b> People with autism may have limited access to healthcare, including long waitlists for services.</p>	<p><b>Social and economic factors:</b> Social and economic factors can exacerbate health inequities for people with autism.</p>
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## **Continued:** Bridging Barriers: Supporting Members with Autism through Inclusive, Person-Centered Care

### What Providers Can Do Now to Support Members with Autism and Other Access Needs

1. **Prioritize Social Determinants of Health (SDOH):** Understanding the social and economic factors that shape health is critical—especially for autistic individuals who may require additional support.
  - **Use Z-Codes to Document SDOH Needs:** Capturing social needs like housing, transportation, or food insecurity helps us better serve members.
    - ▶ Z-Code Utilization Article: Winter 2024 Provider Newsletter
  - **Track and Refer for Services Using Our Community Tool:**
    - ▶ [FindHelp Social Services Referral Tool](#)
  - **Partner with our Community Health Solutions Team and our Care Management Team:**  
 Email [communitysolutions@silversummithealthplan.com](mailto:communitysolutions@silversummithealthplan.com) with the member's full name, DOB, SDOH concern, and contact info. Our team will reach out to the member within three business days.  
 For care management questions, please email [SilverSummit\\_CareCoordination@CENTENE.COM](mailto:SilverSummit_CareCoordination@CENTENE.COM).



2. **Promote Services that Address Member Needs:**
  - **Value-Added Benefits & Healthy Rewards Program:** These support access to care and incentivize healthy behaviors.
    - ▶ Benefits Overview
    - ▶ Healthy Rewards Program
3. **Address Health Literacy and Language Needs:**
  - Ask about literacy barriers and collaborate with us on simple, clear member materials.
  - Ensure members understand their care plan and rights by providing interpretation services.
    - ▶ Language Access Services

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## **Continued:** Bridging Barriers: Supporting Members with Autism through Inclusive, Person-Centered Care

### **Autism Resources**

Centers for Disease Control and Prevention (2023)

<https://autismspectrumnews.org/what-is-health-equity-and-why-it-matters-to-those-with-disabilities/>

<https://autismsociety.org/resources/health-wellness/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5693721/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8500365/>

<https://publications.aap.org/pediatrics/article/154/4/e2023064262/199200/Health-Equity-and-Rising-Autism-Prevalence-Future>

<https://www.rethinkfutures.com/resources/intersection-autism-acceptance-health-equity/>

<https://www.pwc.com/m1/en/publications/documents/2024/towards-health-equity.pdf>

<https://autismallianceofmichigan.org/health-care-disparities-affecting-individuals-with-autism/>

### **Nevada Specific Resources**

**Nevada Commission on Autism Spectrum Disorders (CASD):** This commission, created by Executive Order, provides leadership, oversight, and legislative advocacy for Nevadans with ASD.

**Autism Treatment Assistance Program (ATAP):** This state program offers temporary funding for evidence-based treatments for children under 20 with a diagnosis of ASD.

**Autism Coalition of Nevada:** This organization advocates for children, youth, and families affected by autism, providing financial assistance, support services, and medical care, as well as raising awareness.

**Grant a Gift Autism Foundation Ackerman Center:** This organization organizes fundraising events like the “Race for Hope” to support care, therapy, and resources for families in Southern Nevada.

Organizations like **First 5 Nevada**, Boys Town Nevada, and Families for Effective Autism Treatment (FEAT): These organizations offer a variety of services, including early childhood support, behavioral health clinics, and community initiatives to address autism-related challenges





## Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care



In today's dynamic and diverse landscape, organizations are increasingly recognizing the importance of fostering environments that are inclusive, equitable, and responsive to the needs of all individuals. Central to this endeavor are frameworks that prioritize equity, inclusion, belonging, and accessibility, alongside approaches that acknowledge and address the impact of trauma. This article explores how integrating equity-centered practices with trauma-informed care principles can create resilient organizations that support both their members and the communities they serve.

### Nevada

In Nevada, a trauma-informed care (TIC) approach emphasizes a holistic, person-centered approach to treatment that recognizes the impact of trauma on individuals. This approach aims to create safe and supportive environments, empower individuals, and promote healing and recovery.

The Nevada System of Care emphasizes the importance of a trauma-informed approach when working with children and families who have experienced trauma. The system promotes a holistic approach that acknowledges the impact of trauma and seeks to build resilience and promote recovery.

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## **Continued:** Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care

In essence, trauma-informed care in Nevada is a commitment to understanding the impact of trauma, creating safe and supportive environments, empowering individuals, and fostering a holistic approach to treatment and recovery.

Nevada's population includes a diverse mix of racial and ethnic groups, with disparities in access to and outcomes of trauma-informed care observed among certain groups particularly impacting Hispanic/Latino, American Indian/Alaska Native, and Hawaiian/Pacific Islander communities. For example, these individuals report higher rates of depressive episodes and suicidal ideation compared to other groups. These disparities are influenced by factors like language barriers, cultural differences, and unequal access to insurance. Structural inequities, such as discriminatory housing policies or systemic biases in law enforcement, can also exacerbate the impact of trauma on vulnerable populations. Trauma-informed care, which emphasizes understanding and addressing the impact of trauma, can help address these disparities by promoting a safe and supportive environment for healing and recovery.

The [State of Nevada](#) offers trainings on trauma-informed care for professionals working with children and families, emphasizing the importance of respecting survivors and promoting recovery. The [Nevada Legislature](#) also has reports on disparities in behavioral health care and funding, highlighting the need for targeted interventions. SSHP also offers TIC training for our contracted providers. Please visit our website to see a full list of available offerings - <https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/behavioral-health-trainings.html>

### **Maternal Child Health**

Nevada's Title V MCH Program works with partners in remote areas to increase the number of sufficiently trained staff in rural/frontier Nevada. Program staff, including funded partners, work with diverse communities across Nevada, including other partners who have greater understanding of the communities in which they live. MCAH staff and partners received training related to equity, disparity reduction, and diversity and participated in webinars and trainings related to health equity, diversity, CLAS, intergenerational trauma, racism and MCH, implicit bias, reproductive justice, minority health and wellness, Tribal partnerships, SDOH, ACEs, stigma, race and disparity, and health literacy.

### **Embracing Equity-Centered Frameworks**

An equity-centered approach involves creating systems and cultures that recognize and value the diverse experiences, backgrounds, and needs of individuals. This includes fostering environments where everyone feels a sense of belonging and has equitable access to opportunities and resources. Such frameworks aim to dismantle systemic barriers and promote inclusivity across all organizational levels.

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## **Continued:** Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care

### Implementing these practices involves:

- **Valuing Diversity:** Recognizing and appreciating the unique contributions of individuals from various backgrounds.
- **Promoting Equity:** Ensuring fair treatment, access, and opportunity for all, while striving to identify and eliminate barriers that have prevented the full participation of some groups.
- **Fostering Inclusion:** Creating environments where all individuals feel respected, accepted, and valued.
- **Cultivating Belonging:** Building a culture where everyone feels connected and integral to the organization's mission.
- **Enhancing Accessibility:** Ensuring that all individuals, regardless of ability, have access to the organization's resources and opportunities.
- By embedding these principles into organizational policies and practices, organizations can create cultures that not only attract diverse talent but also support the well-being and development of all members.

### Integrating Trauma-Informed Care Principles

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbue this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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## **Continued:** Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care

Trauma-informed care is an approach that acknowledges the widespread impact of trauma and seeks to create environments that are supportive and responsive to the needs of those affected. These principles aim to create environments where individuals feel safe, trusted, and empowered, while acknowledging the impact of trauma on individuals and communities. The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines six key principles of a trauma-informed approach:

- 1. Safety:** Ensuring physical and emotional safety for all individuals within the organization. This includes creating environments where people feel secure and protected, and where they are not exposed to further harm.
- 2. Trustworthiness and Transparency:** Building and maintaining trust through transparent operations and decision-making, clear communication, consistency, and openness is crucial. Transparency in decision-making processes and actions helps build trust and reduces feelings of vulnerability.
- 3. Peer Support:** Encouraging mutual support among individuals with shared lived experiences to promote healing and recovery. Including this in the service delivery process can provide valuable support and guidance. Peer support can help establish safety, hope, and build trust.
- 4. Collaboration and Mutuality:** Emphasizing partnership and leveling power differences to foster shared decision-making and recognizing that healing happens in relationships and involving all parties in decision-making is essential. This includes sharing power and authority, creating a sense of shared responsibility, and promoting mutuality.
- 5. Empowerment, Voice, and Choice:** Helping individuals reconnect with their sense of power and autonomy, and respecting their choices and preferences, is crucial for healing and recovery. This includes recognizing individuals' strengths and providing opportunities for them to contribute to decision-making processes. Examples of this include but are not limited to providing opportunities for individuals to have a voice, make choices, and participate in decisions about their care.
- 6. Cultural, Historical, and Gender Considerations:** This involves being responsive to the cultural, historical, and gender contexts of individuals to avoid re-traumatization and/or addressing the impact of cultural, historical, and gender-related issues on individuals and communities. This includes understanding and acknowledging the unique experiences of different groups, and moving beyond stereotypes and biases.

Integrating these principles into organizational practices not only supports individuals who have experienced trauma but also contributes to a more compassionate and understanding workplace culture.

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## **Continued:** Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care

### **The Synergy of Equity-Centered Practices and Trauma-Informed Care**

Combining equity-centered frameworks with trauma-informed care principles creates a holistic approach to organizational development. This synergy ensures that policies and practices are not only inclusive and equitable but also sensitive to the experiences of trauma that individuals may carry.

For instance, promoting empowerment and choice aligns with providing equitable opportunities for all individuals to participate and lead. Similarly, fostering safety and trustworthiness supports the creation of inclusive environments where individuals feel valued and respected.

By adopting this integrated approach, organizations can enhance employee engagement, improve service delivery, and build stronger connections with the communities they serve.

Incorporating equity-centered practices and trauma-informed care principles is essential for organizations aiming to create inclusive, supportive, and resilient environments. By valuing diversity, promoting equity, fostering inclusion and belonging, ensuring accessibility, and being responsive to the impacts of trauma, organizations can better support their members and contribute positively to the broader community.

### **References/Resources**

<https://www.samhsa.gov/resource/dbhis/infographic-6-guiding-principles-trauma-informed-approach>

<https://soarworks.samhsa.gov/special-topic/soar-ta-center-webinar-recap-part-2-the-six-key-principles-of-a-trauma-informed>

<https://traumainformedoregon.org/resources/new-to-trauma-informed-care/trauma-informed-care-principles/>

<https://stacks.cdc.gov/view/cdc/56843>

[https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1029&context=oed\\_capstone](https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1029&context=oed_capstone)

<https://www.relias.com/blog/6-principles-of-trauma-informed-care>

<https://www.nu.edu/blog/trauma-informed-care-principles/>

<https://upvio.com/blog/practice-management/understanding-core-principles-of-trauma-informed-care>

<https://believeinme.news/trauma-informed-care-juvenile-justice-system/>

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**Continued:** Building Inclusive and Resilient Organizations Through Equity-Centered Practices and Trauma-Informed Care

<https://reachbh.org/6-core-principles-of-trauma-informed-care/>

<https://www.nottinghamcity.gov.uk/media/gdzfcxuw/trauma-toolkit-ncc.pdf>

<https://www.helloteam.com/how-deiba-can-improve-culture/>

**Nevada Specific**

<https://nevadacertboard.org/certs/prss/tic-endorsement/>

<https://thedifferentsrehab.com/what-we-treat/dual-diagnosis/trauma/>

<https://momentofclarity.com/trauma-therapy-treatment-in-las-vegas/>

<https://www.renobebehavioral.com/programs/trauma-informed-care>

<https://www.nsea-nv.org/professional-excellence/student-engagement/trauma-informed-schools>

<https://dcfs.nv.gov/uploadedfiles/dcfsvgov/content/Programs/CMH/SOC/SOCAvailTrainings.pdf>

[https://www.leg.state.nv.us/Division/Research/Documents/RTTL\\_NRS433.359\\_2025.pdf](https://www.leg.state.nv.us/Division/Research/Documents/RTTL_NRS433.359_2025.pdf)



## Medical Records Submission to SilverSummit Healthplan

Silver Summit Healthplan is committed to supporting our providers in reducing administrative burden and maximizing earning potential. It is important you know your options for submitting patient medical records and/or allowing Electronic Medical Record access.

As the year is winding down, we want to confirm you know the most efficient avenues to submit records, ensuring we receive the best information possible on the members you serve. Aside from submitting medical records, another way to get the needed information to the healthplan is by utilizing CPT-II codes on claim submissions.

Our Quality Provider Outreach Team will provide the list of measures we are accepting medical record closure for as well as provide you a list of acceptable CPT-II codes on claim submissions.

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### **Option 1.** Grant the Quality HEDIS Team Remote Access (EMR Access) **\*\*Preferred**

Allows us to extract medical records without the administrative burden of record requests.

Please email [SM\\_HEDIS\\_Operations@silversummithealthplan.com](mailto:SM_HEDIS_Operations@silversummithealthplan.com) or connect with your assigned Provider Quality Liaison to set up this option.

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### **Option 2.** Email Medical Records Securely to our Quality HEDIS Team **\*\*Preferred**

Send a secured email: [SM\\_HEDIS\\_Operations@silversummithealthplan.com](mailto:SM_HEDIS_Operations@silversummithealthplan.com)

This option allows for confirmation of receipt from our Quality HEDIS Team.

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### **Option 3.** Fax Medical Records to our Quality HEDIS Team **\*\*Preferred**

Fax # 1-833-895-0386

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### **Option 4.** Secure SFTP

Email a request to [SM\\_HEDIS\\_Operations@silversummithealthplan.com](mailto:SM_HEDIS_Operations@silversummithealthplan.com) and we will begin the process to set up a secure SFTP site to share records.

If this method is used, we request an email: [SM\\_HEDIS\\_Operations@silversummithealthplan.com](mailto:SM_HEDIS_Operations@silversummithealthplan.com) for each submission to let the Quality HEDIS Team know records were placed on the secure SFTP.

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### **Option 5.** Schedule Onsite

Contact us to schedule an onsite to pick up medical records.

Please email [SM\\_HEDIS\\_Operations@silversummithealthplan.com](mailto:SM_HEDIS_Operations@silversummithealthplan.com) or request a pick-up with your assigned Provider Quality Liaison.

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### **Option 6.** Secure Provider Portal

Medical record submission is available via the secure SilverSummit provider portal.

This option does not allow for confirmation of receipt by the SilverSummit Quality HEDIS Team.

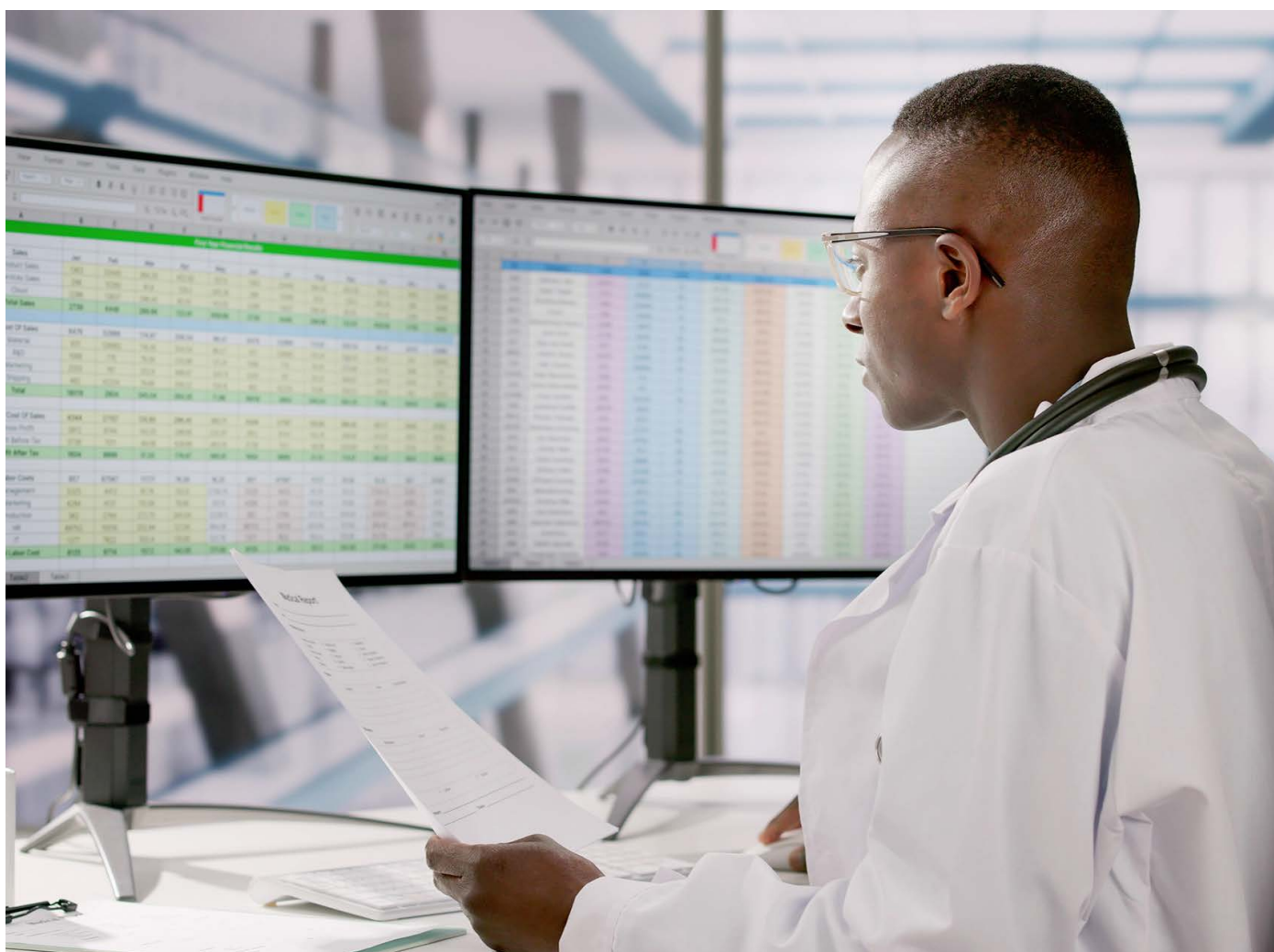
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We are accepting medical records for the following measures for MY25 HEDIS Off Season: AAP, BCS-E, BPD, CBP, CCS-E, CHL, CIS-E, COA, COL-E, EED, FUA, FMC, FUH, FUM, GSD (Formerly HBD), IMA-E, KED, LSC, PPC, TRC, W30, WCC and WCV.

## Section 2

# Provider Notifications

*Did you know?*





## Provider Notifications

### General Notifications

**6 degrees Health:** SilverSummit Healthplan has transitioned from Optum to 6 Degrees Health for our clean claim reviews. 6 Degrees Health offers providers the ability to submit records via mail, fax or electronically (by email). There are several new notifications on the website that can be found under the following link: [silversummithealthplan.com/providers/ProviderNotifications/2025-notifications.html](https://silversummithealthplan.com/providers/ProviderNotifications/2025-notifications.html)

### Medicaid

*Codes needing PA 7/1/25*

**64568:** Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array & pulse generator

*Code no longer requires prior authorization*

**K0001:** Standard wheelchair

If you have questions, please contact Provider Services.

### Ambetter

*Codes needing PA 7/1/25*

**31276:** Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

*Code no longer requires prior authorization*

**77417:** Therapeutic radiology port image(s) If you have questions, please contact Provider Services.

*Payment policy: Newborn Infant stay*

SilverSummit Healthplan is committed to evaluating and improving overall Payment Integrity solutions as required by State and Federal governing entities.

**Policy Number CC.PP.075:** Newborn Inpatient Stays—Line of Business Impacted Marketplace

### Medicare

*Medicare PA change 7/1/25*

SilverSummit Healthplan requires prior authorization (PA) as a condition of payment for many services. It is the ordering/prescribing provider's responsibility to determine which specific codes require PA.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website: [silversummithealthplan.com/providers/pre-auth-check/medicare-pre-auth.html](https://silversummithealthplan.com/providers/pre-auth-check/medicare-pre-auth.html)

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

## Section 3

# Upcoming Training

*Mark Your Calendar*

☒ DM in Primary ECHO





# DIABETES IN PRIMARY CARE ECHO

## PROGRAM OVERVIEW

Our goal is to create a community of practice among primary care providers in Nevada, facilitating the sharing of knowledge and best practices in diabetes management.

This initiative aims to provide healthcare professionals with the opportunity to collaborate and discuss cases with a multidisciplinary team of subject matter experts, ultimately improving diabetes care.

## REGISTRATION QR CODE



## THURSDAYS AT 12 PM PST | 60 MIN

### **Foundations of Care: Optimizing Long-Acting Insulins in Type 2 Diabetes**

*August 14th*

### **What's New in Diabetes? A 2025 Standards of Care Update**

*August 21st*

### **Nutrition Strategies for Improving Fasting Glucose in Diabetes**

*August 28th*

### **Emergency Response in Diabetes: Managing DKA & Hyperglycemic Crises**

*September 4th*

### **Bridging the Gap: Improving Medication Access & Adherence**

*September 11th*

### **Beyond Blood Sugar: Thyroid & Endocrine Insights in Diabetes Care**

*September 18th*

**REGISTER FOR THIS SERIES AT:**  
**<https://tinyurl.com/DiabetesInPrimaryCareECHO>**



University of Nevada, Reno  
**School of Medicine**  
Project ECHO

# Guidelines for Providers

## Appointment Availability and Access Standards

SilverSummit Healthplan follows the availability requirements set forth by applicable regulatory and accrediting agencies. SilverSummit Healthplan monitors compliance with these standards on at least an annual basis and will use the results of appointment standards monitoring to first, ensure adequate appointment availability and second, reduce unnecessary emergency room utilization.

Type of Appointment	Scheduling Time Frame
<b>Emergency Services</b>	
Emergency Services	Shall be provided immediately on 24 hours/7 days a week with unrestricted access, to a qualifying provider in network or out of network
<b>Primary Care Appointments</b>	
Emergent Care	Same day care
Urgent	Within (2) calendar days
Routine Care	Within 2 weeks. The 2 weeks standard does not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequent than once every 2 weeks.
<b>Specialist Appointments</b> <i>(For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers)</i> <i>*Access available to a child/adolescent specialist if requested by the parent(s).</i>	
Emergency	Same day, within (24) hours of referral
Urgent	Within (3) calendar days of the referral
Routine	Within thirty (30) days of referral
<b>Prenatal Care Appointments</b> <i>Initial prenatal care appointments must be provided for pregnant members as follows:</i>	
First Trimester	Within 7 calendar days of the first request
Second Trimester	Within 7 calendar days of the first request
Third Trimester	Within 3 calendar days of the first request
High Risk Pregnancies	Within three (3) calendar days of identification of high risk by SilverSummit Healthplan or by the maternity care provider or immediately if an emergency exists
<b>Home Health, Private Duty Nursing and Personal Care Services</b> <i>Initiation of ongoing services according to the Member's identified needs must be provided as follows:</i>	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) Calendar Days
<b>Appointments to Maintain Efficacy of Treatment</b> <i>(For conditions that are not urgent or emergent, but where treatments are more medically effective when delivered sooner than routine care (for example, physical therapy), services must be provided as follows:</i>	
Not urgent or emergent	Within fourteen (14) Calendar Days of the first request. or Within the timeframe recommended by the referring Provider.