



Clinical Policies -- Informational Only Changes

October 8, 2026

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 the revision to existing policies SilverSummit Healthplan will be updating on sites for informational changes that will not impact how edits are firing on claims.

Policy Number	Policy Name	Policy Description	Lines of Business	Revision Log Detail
CP.MP.110	Bronchial Thermoplasty	This policy describes the medical necessity requirements for bronchial thermoplasty (BT). BT is a bronchoscopic procedure that utilizes radiofrequency ablation to reduce airway smooth muscle cells. It is designed to serve as a therapeutic option to reduce severe bronchoconstriction for severe persistent asthma.	Medicaid Marketplace Commercial	Annual review. References reviewed and updated. Reviewed by external specialist.
CC.PP.139	Low-Frequency Ultrasound and Noncontact Normothermic Wound Therapy	Low-frequency ultrasound debridement is a noncontact debridement method that provides simultaneous cleansing and debridement of wounds. It is generally performed at a five mm to 15 mm distance from the wound surface. A device uses ultrasound technology to atomize saline, delivering a continuous mist to the treatment site. Multiple passes over the wound are made with the treatment head of the device for a predetermined treatment session. This can accelerate the wound healing process by removing the necrotic tissue, fibrosis, exudate, and bacteria with minimum bleeding and pain.	Medicaid Marketplace Commercial	Annual review. References reviewed and updated. Reviewed by external specialist.
CP.MP.121	Homocysteine Testing	Homocysteine is a nonproteinogenic amino acid generated during the conversion of methionine to cysteine. Mutations of the enzymes within the biochemical pathways that	Medicaid Marketplace Commercial	Annual review. References reviewed and updated. Reviewed by external specialist.

		regulate homeostatic homocysteine levels are associated with risk factors for various diseases such as venous thromboembolic disease. Supplementation of folic acid, vitamin B6, and vitamin B12 are known to modulate homocysteine levels due to the interplay between the folate cycle and metabolism. This policy describes the medical necessity requirements for testing levels of homocysteine.		
CP.MP.123	Excimer Laser Therapy for Skin Conditions	Targeted phototherapy utilizes non-ionizing ultraviolet radiation with therapeutic benefit. Phototherapy is an efficacious local therapy that provides several advantages to traditional and biologic systemic therapies. Excimer lasers are monochromatic 308nm xenon chloride lasers that are approved to treat certain inflammatory skin diseases. This policy describes the medical necessity requirements for excimer laser based targeted phototherapy.	Medicaid Marketplace Commercial	Annual review. Background updated with no impact on criteria. References reviewed and updated. Reviewed by external specialist.
CP.MP.50	Drugs of Abuse Definitive Testing	Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic non-cancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.	Medicaid Marketplace Commercial	Annual review. Coding and descriptions reviewed. References reviewed and updated.

Thank you for your continued participation and cooperation in our ongoing efforts to render quality health care to our members. We look forward to helping you provide the highest quality of care for our members.

Sincerely,

SilverSummit Healthplan