

Correction to Prior Notification – Leveling of Care Office Based E&M Overcoding (CC.PP.066)

October 20, 2026

Dear Provider,

The previous provider notification for **Leveling of Care Office Based E&M Overcoding** incorrectly referenced **physician emergency department Evaluation and Management (E&M) code levels.** This reference has been removed because the policy applies to office-based services. Effective November 20, 2026, SilverSummit Healthplan will apply national CPT billing guidelines for appropriate coding of office-based E&M services. The policy does not apply to Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAHs), Tribal/IHS facilities, or other services reported under all-inclusive encounter or prospective payment system (PPS) rates. We apologize for the confusion and appreciate your partnership.

Sincerely,

SilverSummit Healthplan



Leveling of Care Office Based EM Overcoding (CC.PP.066)

October 20, 2026

Dear Provider,

SilverSummit Healthplan is committed to continuously improving its claims review and payment processes. This letter is to notify you that effective November 20, 2026, we will begin applying national CPT billing guidelines for the appropriate coding of office-based evaluation and management (E&M) code levels**.**

Both Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG has also recommended that payers continue to help to educate practitioners on coding and documentation for E&M services and develop programs to review E&M services billed for by high-coding practitioners.

Overview of SilverSummit Healthplan's E&M Program:

- Evaluates and reviews only high-level E&M services based upon diagnostic information that appears on the claim.
- Applies the relevant E&M policy and recoding of the claim line to the corrected E&M level of service.
- Applies to office-based services only. Does not apply to Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAHs), Tribal/IHS facilities, or other services reported under all-inclusive encounter or prospective payment system (PPS) rates.

Providers should report office E&M services in accordance with the American Medical Association's (AMA) CPT guidelines for office or other outpatient E&M services (99202–99215), which base the level of service on medical decision making or total time on the date of the encounter. The proper reporting of E&M services enables SilverSummit Healthplan to more precisely apply reimbursement-coding guidelines and ensure that an accurate record of patient care history is maintained.

Determinations should be made with reference to accepted standards of medical practice and the medical circumstances of the individual case.

Policy Number	CC.PP.066
Policy Name	Leveling of Care Office Based E&M Overcoding
Line of Business Impacted	Medicaid, Marketplace

Thank you for your continued participation and cooperation in our ongoing efforts to render the highest quality health care to our members.

Sincerely,
SilverSummit Healthplan