



More Restrictive Clinical Policies

April 29, 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 implementing effective with Dates of Service starting 06/01/2026. Posted policy on site contains a revision log explaining the updates that occurred in the annual review.

Policy Number	Policy Name	Policy Description	Lines of Business
CP.MP.242	Pulmonary Function Testing	<p>Pulmonary function tests (PFTs), also known as lung function tests, include a variety of tests to check how well the lungs are working. This policy describes the medical necessity guidelines for pulmonary function testing. It is the policy of health plans affiliated with Centene Corporation® that pulmonary function testing (PFT) is medically necessary for members/enrollees aged three years and above when meeting the criteria for one of the following tests:</p> <ul style="list-style-type: none"> • Spirometry • Lung Volume Tests • Diffusion capacity of the lungs for Carbon monoxide (DLCO) tests • Lung compliance studies when all other PFTs give equivocal results or results which must be confirmed by additional lung compliance testing • Pulmonary studies during exercise testing 	Medicaid Marketplace Commercial
CP.MP.97	Testing for Select Genitourinary Conditions	<p>Various diagnostic methods are available to identify the etiology of the signs and symptoms of vaginitis. The purpose of this policy is to define medical necessity criteria for the diagnostic evaluation of vaginitis. This policy also defines unspecified amplified DNA probe testing for genitourinary conditions.</p> <p>Note: Although <i>Trichomonas vaginalis</i> is a common cause of vaginitis, testing for it is not restricted with medical necessity criteria, and, thus, it is not included in the scope of this policy.</p>	Medicaid Marketplace Commercial
CP.MP.181	Polymerase Chain Reaction Respiratory Viral Panel Testing	<p>Medical necessity criteria for multiplex respiratory polymerase chain reaction (PCR) testing.</p> <p>Note: For criteria applicable to Medicare plans, please see <i>MC.CP.MP.181 Polymerase Chain Reaction Respiratory Viral Panel Testing</i>.</p>	Medicaid Marketplace Commercial

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