

SummaCare



Annual Provider Update

Thank you for joining us today. We will begin shortly!
October 9, 2025



Reporting Well Visits With and Without Abnormal Findings

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Reporting Well Visits

- Why is coding important?
- All the payer will typically know about what the healthcare provider did is conveyed by the codes:
 - This patient was admitted to the hospital by the surgeon, who then took the patient to surgery within 24 hours of admission, performed an appendectomy for a ruptured appendix with abscess, no one from anesthesia was available, so the surgeon had to provide her/his own anesthesia services, there was an altered surgical field, and the surgery required more than typical service for the procedure.
- That's what those 18 digits tell you.

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				
CPT/HCPCS	MODIFIER			
99221	57			
44960	22	47	60	

Reporting Well Visits

- Why is coding important?
- All the payer will typically know about why you saw the patient is conveyed by the codes:
 - This patient fell out of bed, the fall resulted in a concussion with no loss of consciousness, but the patient does have an abnormal EEG and spasm-induced angina, and this is the initial treatment of the same.
- That's what those 23 characters tell you.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)			
1.	R94 . 01	3.	S06 . 0x0A
2.	I20 . 1	4.	W06 . xxxA

Reporting Well Visits

- Why is coding important?
 - Recall the Recovery Audit Contractors, the RAC auditors, what was a pilot project became a permanent nationwide project as part of the 2006 *Tax Relief and Health Care Act* (Division B, Title III section 302);
 - RAC audits use two levels of audits, the first being an automated audit based upon coding;
 - Most carriers use some sort of automated review for various purposes;
 - AI is coming or has arrived;
 - Medical Necessity often is predicated upon matching or pairing of procedure and diagnosis codes;
 - You always want the story your coding tells to be complete and without contradiction, you want any automated review to be a non-event.

Reporting Well Visits

- Diagnosis coding for Well Visits will typically go down one of two pathways—with and without abnormal findings:
 - Z00.00 Encounter for general adult medical examination *without* abnormal findings;
 - Z00.01 Encounter for general adult medical examination *with* abnormal findings;
- Z00.121 Encounter for routine child health examination *with* abnormal findings;
- Z00.129 Encounter for routine child health examination *without* abnormal findings;

Reporting Well Visits

- These are the codes from which providers select for Medicare AWW and IPPE services;
- “There is not a specific ICD-10-CM code designated by Medicare to use with the IPPE. You may choose a diagnosis code addressed during the visit or use a code from category Z00-Z09 *Factors influencing health status and contact with health services.*” (Pryor, Jean. (2021.) “What's Included in an AWW?” *Healthcare Business Monthly*, 8(7), 29.).

Reporting Well Visits

- So, what constitutes an “abnormal finding” and thus necessitates Z00.01 for an adult or Z00.121 for a child?
 - Refer to Section IV of the *ICD-10-CM Official Guidelines for Coding and Reporting* in your ICD-10-CM codebook: “a condition/diagnosis that is newly identified or a change in severity of a chronic condition (such as . . . an acute exacerbation of chronic obstructive pulmonary disease) during a routine physical examination.”
 - For chronic conditions, the *AHA Coding Clinic* echoes that a “change in severity of a chronic condition” or one that is identified as “increased in severity” at the preventive, well visit, or AWW encounter, is adequate to report the “abnormal finding” code (*AHA Coding Clinic for ICD-10-CM and ICD-10-PCS First Quarter 2016*, 3(1), 35. and *AHA Coding Clinic for ICD-10-CM and ICD-10-PCS Fourth Quarter 2016*, 3(4) 131.).

Reporting Well Visits

- A known chronic condition that is not experiencing a “change in severity” or “an acute exacerbation” is not an “abnormal finding” and would not be reported with the abnormal finding codes:
 - “You note that the patient is due for re-evaluation of congestive heart failure (CHF), finding the condition to be well-controlled with current management. This is not an abnormal finding. Report Z00.00, Encounter for general adult medical examination without abnormal findings, and the appropriate code for the CHF.”
Hughes, Cindy, (2016) “Coding & Documentation,” *Fam Pract Management*, 23(4), 38.

Reporting Well Visits

- This is consistent with the Medicare IPPE and AWW which require essentially an inventory of chronic conditions, their status, and treatment plans—the “list of . . . conditions for which interventions are recommended or underway.” That is part of the IPPE, AWW, or preventive service, and, absent a “change in severity” or “an acute exacerbation,” an item on that list is not an “abnormal finding” and would reported as part of the preventive service and Z00.00.

Reporting Well Visits

- This is consistent with all preventive services:
 - “Preventive visits include a review of chronic problems. If the patient makes an appointment for a routine physical and is asymptomatic at the time of the encounter, discussion of chronic problems and medication refills are an expected part of the exam—not something extra that may be billed.” (Mitchell, Debra. (2013, October.) “Split Billing Is Risky Business.” *AAPC Cutting Edge*. 29.)
 - “Discussions about the status of previously diagnosed stable conditions are also considered part of the comprehensive preventive medicine service.” (Hill, Emily. (2004.) “Making Sense of Preventive Medicine Coding,” *Fam Pract Management* 11(4), 49-54)

Reporting Well Visits

- Recall the threshold to reporting a separate E/M service:
 - Per CPT: there needs to be a “significant” and “separately identifiable” evaluation and management service rendered;
 - “Management of insignificant problems” will be included in the preventive service. (Hill, Emily. (2004.) ”Making Sense of Preventive Medicine Coding,” *Fam Pract Management* 11(4), 49-54)
 - “An insignificant or minor issue encountered in the process of performing the preventive evaluation does not justify the addition of an E&M office visit to the claim. Inappropriate use of Modifier 25 is a form of billing for services not rendered and is also considered fraudulent.” (TriCare Provider News, Issue 3, 2009)

Reporting Well Visits

- The American Academy of Pediatrics seems to have a somewhat lower threshold to “abnormal finding:”
 - “Our *Coding for Pediatrics* manual states that even a minor finding that may not be addressed with a separate E/M service would merit reporting of Z00.121. Likewise, a BMI that the physician considers abnormal would support reporting of Z00.121 and the appropriate BMI code.” (AAP *FAQ for Coding Encounters in ICD-10-CM*, November 17, 2015.)

Reporting Well Visits

- The American Academy of Pediatrics seems to have a somewhat lower threshold to “abnormal finding;”
 - That does not automatically connote to a separately reportable service code:
 - Q. If we report the Z00.121 (health exam with abnormal findings) code, are we required to report a CPT code for a “sick” encounter?
 - A. Please be aware that the new ICD-10-CM code does not impact any CPT guideline. Just because an abnormality is discovered during the routine well child exam does not mean that a separate E/M service should or can be reported. (AAP FAQ for Coding Encounters in ICD-10-CM, November 17, 2015.)

Reporting Well Visits

- Well visit wherein no abnormality is noted and the patient has no chronic conditions, or chronic conditions with no “change in severity,” or no “acute exacerbation” of any chronic condition:
 - Typically report Z00.00 for adults;
 - Typically report Z00.129 for children;
 - Typically includes inventory, re-evaluation, prescription renewal for chronic conditions with no “change in severity” or no “acute exacerbation;”
 - May include “management of insignificant problems;”
 - Can be a challenging case for reporting “significant” and “separately identifiable” evaluation and management service.

Reporting Well Visits

- Well visit wherein an abnormality is noted and/or the patient has one or more chronic conditions with a “change in severity” or an “acute exacerbation:”
 - Typically report Z00.01 for adults;
 - Typically report Z00.121 for children;
 - Additional ICD-10-CM code(s) as appropriate;
 - Evaluation and management services that a “significant” and “separately identifiable” are reported separately with additional ICD-10-CM code(s) when appropriate;
 - Note that Z00.00 reported for an encounter in which there was a “significant” and “separately identifiable” evaluation and management service really doesn’t make sense.

Questions?

Email:
providerengagement@summacare.com
for CEU certificate

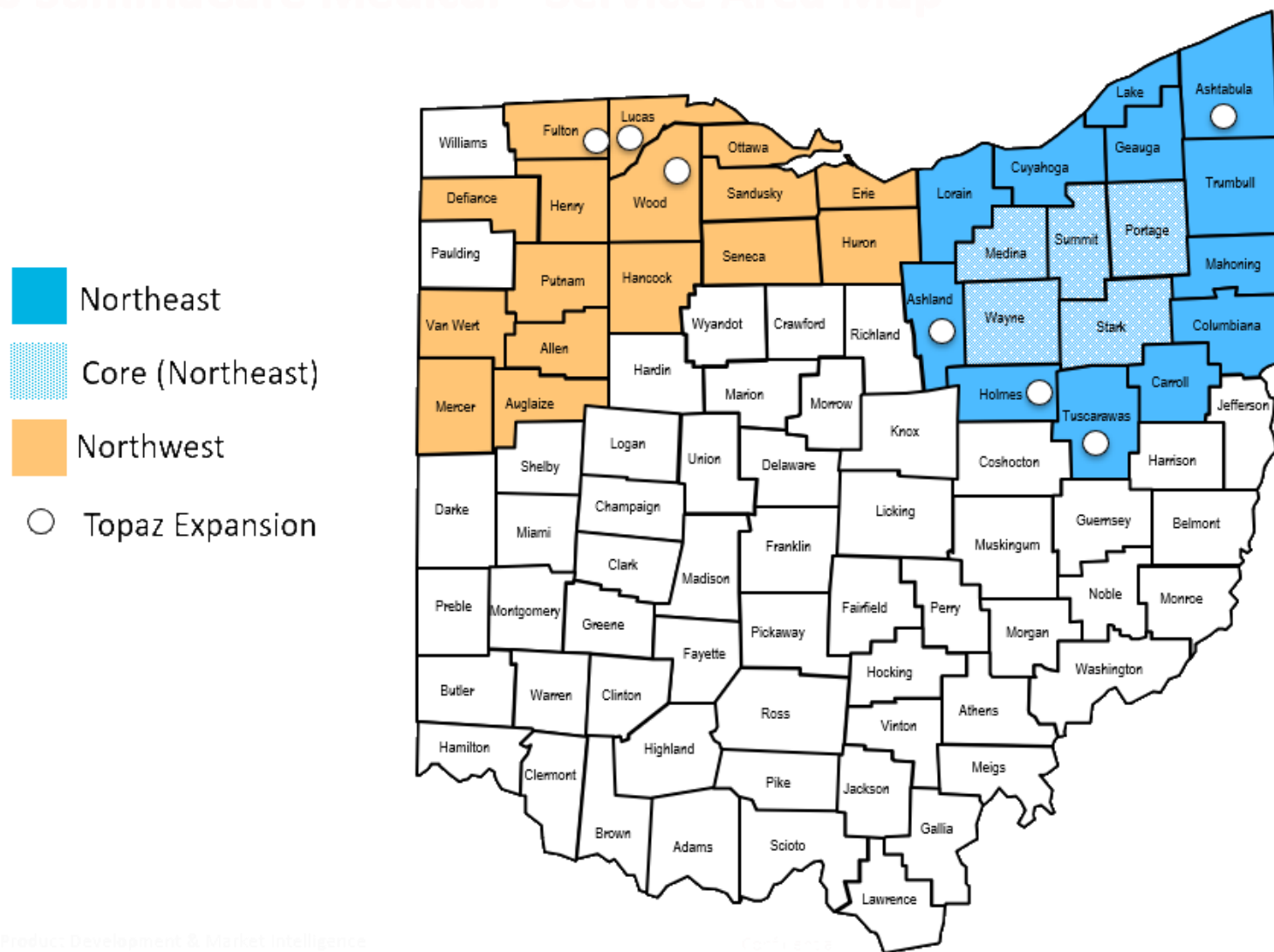


2026 Medicare Advantage Plans

Essie Mueller
Provider Engagement Specialist

Service Area Map

- The SummaCare Medicare plan service area includes **33** counties in northern Ohio.



2026 Medicare Advantage Plan Types

1. **Amber** (Medicare Advantage only with no part D coverage)
2. **Topaz**
3. **Quartz** (NEW for 2026)
4. **Garnet**
5. **Ruby**
6. **Sapphire**
7. **Emerald**

Jade Plan is discontinued; member's will need to choose a different plan.
All 7 plan options cover the same medical services that are covered by Original Medicare. (Parts A and B)

Medicare Advantage Plan Types

The **Sapphire** and **Emerald** plans are HMO plans with a Point of Service (POS) option (HMO-POS).

- These plans offer both in-network and out-of-network coverage
- All Part A and Part B services are covered under the POS option, but most supplemental benefits are only covered when received from in-network contracted providers.

Medicare Advantage Plan Types

Amber, Topaz, Quartz, Garnet, Ruby plan options are HMO plans

These plans offer in-network coverage only.

Members must receive care from SummaCare-contracted providers, or from Medicare participating providers in the plan's visitor/travel benefit area.

Exceptions:

- o Emergency services
- o Urgent Care
- o Routine Dialysis when outside the plan service area

Medicare Advantage Plan Types

Quartz and Topaz have a \$0 premium

Quartz was added to diversify SummaCare's \$0 premium plan portfolio.

Quartz and Topaz both have the same number of supplemental benefits, but Topaz has more generous dental, vision and over-the-counter (OTC), which are the most popular supplemental benefits.

Supplemental Benefits Available On All Plans

- Dental
- Routine Vision and Hearing Exams
- Hearing Aids
- Visitor/Travel Benefit
- Additional Telehealth Services
- SilverSneakers
- Over-the-Counter (OTC)

Over-the-Counter Benefit – New Vendor - &more

- SummaCare will be using a new vendor, &more, for its over-the-counter supplemental benefits in 2026.
- &more replaces Convey.
- SummaCare Medicare Advantage members will receive new OTC cards to use this benefit under &more in 2026.



Diabetic Testing Supplies, Shoes and Inserts

- Only Abbott and/or Ascensia Contour (continuous glucose monitors and test strips) are covered. Both Abbott and Ascensia Contour are available through Homelink or any in-network pharmacy.
- Diabetic testing supplies from other manufacturers are not covered.
- Diabetic shoes and inserts are only covered through Homelink.

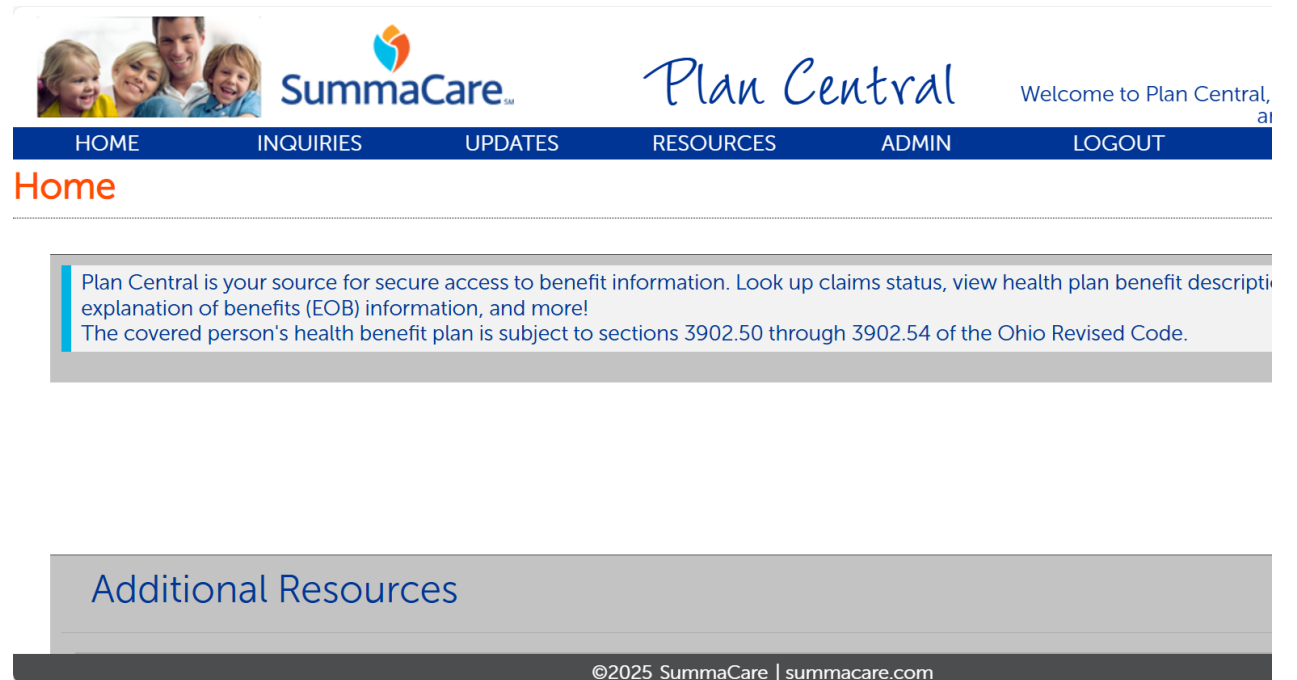
SWORD Health – Online Physical Therapy Quality Programs

- All SummaCare Medicare Advantage plans will participate in the new SWORD Health online physical therapy programs.
- SWORD Health is a leading digital health company specializing in musculoskeletal care.
- SWORD's platform connects members with licensed physical therapists through a user-friendly digital interface, offering personalized therapy from the comfort of home.
- The goal is to reduce pain, improve mobility, and prevent unnecessary surgeries or medications through physical therapy.
- Participation in this new quality initiative is optional. However, members must qualify for the program based on diagnosis.
- To qualify, SummaCare will conduct a one-year look back on member claim data or members can call Member Services or Case Management to qualify for the programs if they do not have a claim on file yet that qualifies.

SummaCare Medicare Resources

Plan Central will continue to be your source to check:

- Benefits
- Co-pays
- Deductibles
- Co-Insurance
- Claim Status
- Retrieve EOP's



The screenshot displays the SummaCare Plan Central website. At the top, there is a header with a family photo, the SummaCare logo, the text 'Plan Central', and a welcome message. Below this is a dark blue navigation bar with white links: HOME, INQUIRIES, UPDATES, RESOURCES, ADMIN, and LOGOUT. The 'HOME' link is highlighted in orange. Below the navigation bar, a light blue box contains a welcome message and a disclaimer. At the bottom, there is a grey box labeled 'Additional Resources' and a dark grey footer with the copyright notice '©2025 SummaCare | summacare.com'.

SummaCare

Plan Central

Welcome to Plan Central, al

HOME INQUIRIES UPDATES RESOURCES ADMIN LOGOUT

Home

Plan Central is your source for secure access to benefit information. Look up claims status, view health plan benefit descriptive information, explanation of benefits (EOB) information, and more!
The covered person's health benefit plan is subject to sections 3902.50 through 3902.54 of the Ohio Revised Code.

Additional Resources

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SummaCare Medicare Resources

We are pleased to offer a variety of Medicare materials to support you in assisting patients with their Medicare questions. These resources include:

- Medicare brochures
- Comparison charts
- Banners
- Window clings

If you would like materials during this Medicare Annual Enrollment Period (10/15-12/7) to assist with patient questions, please contact your Provider Engagement Specialist or email:

PROVIDERENGAGEMENT@SUMMACARE.COM

Questions?



2026 Pharmacy Updates

Tiffanie Mrakovich
Director of Pharmacy

2026 Pharmacy Updates

Medicare

- 2026 Inflation Reduction Act Update
- 2026 Medicare Preferred Pharmacy Network
- 2026 Medicare Pharmacy Benefit & Formulary Updates
- Medicare Prescription Payment Plan Reminder

General Pharmacy Updates – 2026 Strategies

- Conversion of 30-Day Supply to 90 or 100-Day Supply
- Biosimilar Strategies



Medicare Updates

Changes to Medicare Part D in 2026

- The Inflation Reduction Act (IRA) brings additional changes to Medicare Part D for 2026
 - \$2,000 Annual Out-of-Pocket Threshold is updated to \$2,100.
 - Continued from 2024, once a member reaches the Catastrophic Stage, they will pay no cost sharing for covered Part D drugs.
 - The First 10 Drugs prices negotiated by CMS goes into effect 1/1/2026

- | | | |
|-------------|-------------|-------------|
| • Eliquis | • Entresto* | • Januvia |
| • Farxiga* | • Novolog* | • Imbruvica |
| • Stelara* | • Xarelto | |
| • Jardiance | • Enbrel | |

* Indicates generic or biosimilar is available and on 2026 formulary in addition to branded product

2026 Preferred Medicare Pharmacy Network



Medicare Pharmacy Network Changes

- SummaCare's pharmacy network remains unchanged for 2026 but will now have preferred and standard pharmacies.
- Preferred pharmacies offer lower cost sharing than standard pharmacies for all tiers except tier 5.
- Walgreens is the only standard pharmacy.

2026 SummaCare Medicare Pharmacy Network

Pharmacy network is the same for 2026, but Walgreens will be the only standard pharmacy

Preferred (Lower cost sharing)

Not an all-inclusive list.

sam's club

Kroger

giant eagle

Walmart

ACME
Fresh Market

DISCOUNT
drug
mart
FOOD FAIR

Klein's
pharmacy

COSTCO
PHARMACY

CVS
pharmacy™

Summa
Health™

SAND RUN
PHARMACY

Heritage
Square
Pharmacy

meijer

birdi.

p
Publix.

Marc's
Fresh. Simple. Smart Living

Standard (Higher cost sharing)

Walgreens

2026 SummaCare Medicare Drug Tiers & Formulary



- Tier 1 and 6 are available for 100-day supply
- Tier 1, 2 and 6 are \$0 for all plans at Preferred Pharmacies
- Vaccines moved from Tier 6 to Tier 3 and continue to be covered at \$0 if ACIP recommended
- No significant changes to tiering of Generic Drugs for 2026

2026 SummaCare Medicare Pharmacy Benefits

Plan / Benefit	Amber (1/2)	Topaz	Quartz	Garnet (1/2)	Ruby	Sapphire	Emerald
Rx Deductible (T3-5)	N/A	\$300	\$300	\$250	\$150	\$50	\$0
Preferred Generic	N/A	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6
Non-Preferred Generic	N/A	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10
Preferred Brand	N/A	23% / 25%	23% / 25%	21% / 25%	\$41 / \$47	\$41 / \$47	\$41 / \$47
Non-Preferred Drug	N/A	40% / 50%	40% / 50%	40% / 50%	40% / 50%	40% / 50%	39% / 50%
Specialty	N/A	29% / 29%	29% / 29%	30% / 30%	31% / 31%	32% / 32%	33% / 33%
Select Care	N/A	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6	\$0 / \$6

Note: Copay amounts are for one month supply

- Insulin costs are capped at \$35 for a one-month supply, and the deductible does not apply
- Tier 2 and 3 are covered at 2.5X copay for a 90-day supply and mail order or applicable coinsurance
- Tier 5 is limited to a 30-day supply

Negative Medicare Formulary Changes: Tier Changes Summary

Annual Negative Tier Changes		
2025 Tier	2026 Tier	Distinct Count by RXCUI
1	3	2
2	3	357 (345 Pen Needles - 12 Drugs)
2	4	14
3	4	36
3	5	19
4	5	9
6	4	5
Total RXCUI Impact		442
Total Unique Member Impact		2308

Negative Medicare Formulary Changes: Tier Changes Drug Level

Negative Tier Changes Summary*						
Drug	2025 Tier	2026 Tier	Member Impact	Average Total Cost for 30 DS	Possible Alternative in Lower Tier	Alternative Tier
ALBUTEROL HFA 90 MCG INHALER	3	4	828	\$47.89	ALBUTEROL HFA 90 MCG INHALER	3
ALL INSULIN PEN NEEDLES	2	3	544	\$110 for 90 Day	None	None
BREYNA INHALER	2	4	48	\$180.96	FLUTICASONE-SALMETEROL	2
BRIMONIDINE TARTRATE 0.1% DROP	3	4	25	\$138.53	BRIMONIDINE TARTRATE 0.15 or 0.2%	3
BUDESONIDE-FORMOTEROL INHALER	2	4	394	\$197.53	FLUTICASONE-SALMETEROL	2
CANDESARTAN TABLET	6	4	24	\$37.24	IRBESARTAN, LOSARTAN, TELMISARTAN, VALSARTAN	1 or 6
EPINEPHRINE 0.3 MG AUTO-INJECT	3	4	37	\$264.55	EPINEPHRINE 0.3 MG AUTO-INJECT	3
FLUTICASONE PROP HFA	2	4	87	\$202.47	None	None
INSULIN ASPART 100 UNIT/ML	2	3	348	\$169.12	None	None
INSULIN ASPART PRO MIX70-30	2	3	38	\$102.16	None	None
NADOLOL TABLET	2	3	42	\$30.16	PROPRANOLOL HCL, METOPROLOL TARTRATE, ATENOLOL	2, 1, 1
SOLIFENACIN TABLET	1	3	182	\$40.97	OXYBUTYNIN CHLORIDE	2
XCOPRI TABLET	3	5	9	\$1,156.93	Should review with physician	None

*LICS members have been removed from counts

Negative Medicare Formulary Changes: Drugs Removed From the Formulary

Drugs Removed from 2026 Formulary	
RXCUI Count	145
# of Drugs With Utilization	24
Total Member Impact	316

Removed Drug Utilization and Alternative		
Drug	Member Count	Formulary Alternative
Actemra	8	TYENNE (biosimilar of Actemra)
Ajovy	24	EMGALITY
Camzyos	7	N/A
Prolia	50	STOBOCLO (biosimilar of Prolia)
Savella	6	DULOXETINE, VENLAFAXINE, DESVENLAFAXINE SUCCINATE
Semglee	174	INSULIN GLARGINE-YFGN, LANTUS, TOUJEO
Tresiba	30	INSULIN GLARGINE-YFGN, LANTUS, TOUJEO
Xyosted	7	TESTOSTERONE CYPIONATE

Medicare Prescription Payment Plan

What is it?

A payment option that works with the members current drug coverage to help them manage their out-of-pocket Part D costs by spreading the costs across the calendar year.

- This option might help a member manage their monthly expenses, but it does not save them money or lower their drug costs.
- There is no cost to participate.

Who can participate?

Anyone with a Medicare drug plan (PDP) or a Medicare Advantage Plan with drug coverage (MAPD)

How does it work?

- They will get a bill from SummaCare each month to pay for their prescription drugs, instead of paying at the point of service at the pharmacy.
- Members must elect to participate in the program, unless...
 - They opted in during 2025 and stay with the same plan in 2026, they will remain in the program. **If they switched plans at any time, they will need to re-opt in under the new plan.**

Medicare Prescription Payment Plan

Who is likely to benefit from the Medicare Prescription Payment Plan?

- Members that have **high drug costs** earlier in the calendar year.
- Although a member can start participating in this payment option at any time in the year, starting earlier in the year gives them more months to spread out your drug costs.

When this payment option may not be the best choice:

- Member yearly drug costs are low.
- Member drug costs are the same each month.
- They considering signing up late in the calendar year (after September).
- They don't want to change how they pay for their drugs.
- Member gets or is eligible for Extra Help from Medicare.
- Member gets or is eligible for the Medicare Savings Program.
- Member gets help paying for their drugs from organizations, like a State Pharmaceutical Assistance Program, a coupon program, or other health coverage.



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Medicare Prescription Payment Plan Additional Information

- For more information regarding the Medicare Prescription Payment Plan please visit our website at **summacare.com/medicare-members/prescription-drugs/medicare-prescription-payment-plan**
- You can also go to the CMS website **www.medicare.gov/prescription-payment-plan**
- If you think you have a member that may benefit or is asking about the program, please direct them to call SummaCare Medicare Member Services for additional information or to opt in to the program. The number is located on the back of their SummaCare Member ID Card.

General Updates

MedImpact Choice90/Choice100 Optimization Program



Identifies members taking medications for 30-day supply and are eligible for a 90 or 100-day supply.



Faxes Prescriber's patient information and asks to consider changing patient prescription for to a 90 or 100-day supply.



MedImpact Customer Service
Phone: (877) 391-1109

REQUEST FOR NEW PRESCRIPTION: Choice90[®] Optimization Program

Trans_ID: _____ Date: _____

ATTN: _____

The patient listed below recently filled a maintenance medication for a 30-day supply. Your patient's insurance allows for a 90-day supply of this maintenance medication. When appropriate, please consider changing your patient's prescription to a 90-day supply for increased convenience and to promote adherence.

STEP 1 of 3: VERIFY INFORMATION

Patient Information: Claim ID: _____ Target Drug: _____ Rx #: _____ Last Fill Date: _____ Quantity: _____ Days Supply: _____ DOB: _____ AGE: _____ Member ID: _____	Prescriber Information: Phone: _____ Fax: _____ DEA: _____ NPI: _____
--	--

STEP 2 of 3:

E-PRESCRIBE or COMPLETE THIS FORM (This is a valid prescription form)

☐ *Yes, I choose to prescribe a 90-day supply by completing the prescription form below if permitted by state law or by e-prescribing as appropriate.*

MEDICATION NAME
& STRENGTH → _____

PROVIDE →

Directions: _____

Quantity: _____ Days Supply: 90-DAYS SUPPLY Refills: _____

SIGN & DATE →

X _____ Date: _____

Signature authorizes execution of the above instructions. Signature stamps are not accepted.

DEA #: _____ NPI: _____

STEP 3 of 3:

E-PRESCRIBE or SEND THIS FORM DIRECTLY TO PATIENT'S PHARMACY

Patient's Pharmacy on Record: Pharmacy Address: _____	Store Number: Phone: _____	NABP: Fax: _____
---	--------------------------------------	----------------------------

Please inform your patient of this new prescription.

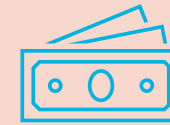
Benefits of the Choice90/Choice100 Program



PRIMARY GOAL OF PROGRAM WAS TO IMPROVE MEMBER ADHERENCE AND PATIENT OUTCOMES.



TIER 1 AND 6 ARE ELIGIBLE FOR 100-DAY SUPPLY AND ARE COVERED AT \$0 FOR OUR MEDICARE MEMBERS AND CONTAIN MOST OF THE GENERIC ADHERENCE STAR MEASURE MEDICATIONS (STATINS, HTN AND ORAL DIABETIC MEDICATIONS).



CAN LEAD TO IMPROVED MLR DUE TO BETTER PRICING AVAILABLE THROUGH OUR CHOICE90 AND MAIL ORDER PHARMACY WHEN 90 OR 100-DAY SUPPLIES ARE UTILIZED.

SummaCare Biosimilar Strategies

Brand Drug	Covered Biosimilars	Line of Business	Medical or Pharmacy
Actemra	Tyenne	All	Both
Herceptin/	Kanjinti/Ogivri/ Trazimera	All	Medical
Humira	Cytezlo, Yuflyma	Medicare	Pharmacy
Humira	Adalimumab- adaz/Simlandi	Commercial	Pharmacy
Neupogen	Zarxio	All	Medical
Nuelasta	Fulphila	All	Medical
Prolia	Stoboclo	Medicare	Pharmacy
Remicade	Renflexis/Avsola	All	Medical
Rituxan	Truxima/Ruxience	All	Medical
Stelara	Ustekinumab/ Yesintek	Medicare	Both
Xgeva	Osenvelt	Medicare	Pharmacy



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*Subject to change with new market entrants, monitor website for most up to date preferred products

Questions?



Utilization Management

Christy Johnson
Clinical Management

Utilization Management

GuidingCare

- SummaCare is in the process of implementing GuidingCare which is a new authorization system to process requests that is set to GO LIVE on October 20, 2025.
- This is a brand-new portal for our Providers in just a few easy steps to submit requests.
- You can find more information about the GuidingCare portal at SummaCare.com under the Utilization Management tab in the provider section of the website ([Utilization Management & Authorization Portal | SummaCare GuidingCare](#))
- Our website has a Registration Guide, a Portal User Guide and multiple videos on how to submit authorizations in the new portal.

Utilization Management

Provider Utilization Management Page

- SummaCare's Provider Utilization Management Webpage contains all the information you need to successfully submit authorization requests. This website contains the following:
 - Hours of operation
 - Contact numbers
 - Inpatient only list
 - SummaCare's Department Policies
 - SummaCare's Medical policies
 - Access to Interqual
 - Quick links to EviCore, CMS Medical Benefit and Policy Manual and CMS's NCD/LCD quick search
 - GuidingCare Registration and Portal user guides

Utilization Management

Ambulatory Surgery

- Starting on October 13, 2025, some procedures will be requiring authorization when done in an in-network outpatient setting but will not require authorization when done in an ambulatory surgery center.
- Starting on January 1, 2026, Medicare Advantage members will have lower copays for procedures done in an ambulatory surgery center setting.
- The list of procedures have been sent out by fax/email and before October 13, 2025 these codes will be identified in SummaCare's Prior Authorization look-up tool. This tool can be accessed on the Utilization Management Provider webpage.

PRIOR AUTH

 Type any part of the **Procedure Number** or **Description** below to search all codes. Results will populate when you pause typing. [Click Here](#) for further instructions.

00120 All

Procedure Number	External Vendor	Auth Required	Critical Instructions	Description	Line Of Business	Date Range
00120		NO	Prior Authorization required for Outpatient Hospital site of care only. Ambulatory Surgery Center site of care does not require Prior Authorization.	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS Anesthesia for other procedure on external middle and inner ear	ALL	Start 01/01/1900 End 12/31/9999

« 1 » 9 items per page

 Services requiring a prior authorization will not be covered without approval.

Utilization Management

Authorization requests

For authorizations to be processed timely please submit all appropriate clinical that supports the need for the requested service/procedure

- Physician notes supporting the need for the request
- Consultant notes if applicable
- Vital signs
- Testing results if applicable
- Medication list
- Physical Therapy/Occupational Therapy if applicable
- If out-of-network, note the reason as to why the member needs to see the out-of-network provider
- Lab results if applicable
- Whether your request is for inpatient vs outpatient
- Direct contact information in case the Utilization Management reviewer would have questions regarding the request

Utilization Management

EviCore Musculoskeletal and Cardiovascular Programs

A notice was sent to the provider network this week regarding the following changes:

For **Cardiac Implantable Devices & Vascular Intervention**, please begin submitting your prior authorization requests to EviCore starting **11/24/2025** for dates of service **12/1/2025** and after.

For **Musculoskeletal Pain Management, Joint & Spine Surgeries**, begin submitting prior authorization requests **12/15/2025** for dates of service **1/1/2026** and after.

Prior Authorization Requests Managed by EviCore

Contact EviCore for prior authorization of the following services:

- Hi-Tech Radiology
- Medical and Radiation Oncology
- Lab and Genomic Testing
- Musculoskeletal Pain Management, Joint & Spine Surgeries
- Cardiac Implantable Devices & Vascular Intervention

Questions?

SummaCare Provider Resources

If you missed any portion of today's webinar, the slides will be posted on our website: www.summacare.com

- Provider
- Provider Events and Webinars

Questions: providerengagement@summacare.com

Gift Card Giveaway

1. Pick a number between 1-10.
2. The first 4 people who guess the correct number will win a gift card.
3. Winners- email: providerengagement@summacare.com let us know where you would like your gift card sent.

Good luck and thank you for joining us!



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