NO. 91652

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI) – MEDICARE ONLY

Effective: 06/01/2026
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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This Medicare Advantage medical policy **addresses Special Supplemental Benefits for the Chronically Ill (SSBCI)** - supplemental benefits that are not primarily health related and may be offered non-uniformly to eligible chronically ill Medicare Advantage enrollees. This policy:

- Lists comorbid and medically complex chronic conditions considered to be life threatening or that significantly limit overall health or function
- Specifies when a Medicare Advantage member is considered to be at high risk of hospitalization or other adverse health outcomes
- Specifies when a Medicare Advantage member requires intensive care coordination

Related policies:

- None

I. MEDICAL NECESSITY CRITERIA

In order for a Medicare member to qualify for Special Supplemental Benefits for the Chronically Ill SSBCI, all of the following (A, B, and C) must apply:

A. Medicare member *has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function.* Such conditions include:

1. Chronic alcohol use disorder and other substance use disorders.
2. Autoimmune disorders
    a. Polyarteritis nodosa,
    b. Polymyalgia rheumatica,
    c. Polymyositis,
    d. Dermatomyositis,
    e. Rheumatoid arthritis,
    f. Systemic lupus erythematosus,
    g. Psoriatic arthritis, and
    h. Scleroderma.
3. Cancer
4. Cardiovascular disorders
    a. Cardiac arrhythmias
    b. Coronary artery disease,
    c. Peripheral vascular disease, and
    d. Valvular heart disease.
5. Chronic heart failure;
6. Dementia.
7. Diabetic conditions
    a. Diabetes mellitus
    b. Pre-diabetes (Fasting blood glucose: 100-125 mg/dl or Hgb A1C: 5.7-6.4%)
8. Overweight, Obesity and Metabolic Syndrome
9. Chronic gastrointestinal disease:
    a. Chronic liver disease,
    b. Non-alcoholic fatty liver disease (NAFLD),
    c. Hepatitis B,
    d. Hepatitis C,
    e. Pancreatitis,
    f. Irritable bowel syndrome, and
    g. Inflammatory bowel disease;
10. Chronic Kidney Disease (CKD):
    a. CKD requiring dialysis/End-stage renal disease (SDRD), and
    b. CKD not requiring dialysis.
11. Severe hematologic disorders:
    a. Aplastic anemia
    b. Hemophilia,
    c. Immune thrombocytopenic purpura,
    d. Myelodysplastic syndrome,
    e. Sickle-cell disease (excluding sickle-cell trait), and
    f. Chronic venous thromboembolic disorder.
12. HIV/AIDS.

13. Acute/Chronic lung disorders:
    a. Asthma,
    b. Chronic bronchitis,
    c. Cystic Fibrosis,
    d. Emphysema,
    e. Pulmonary fibrosis,
    f. Pulmonary hypertension, and
    g. Chronic Obstructive Pulmonary Disease (COPD).
    h. Severe acute respiratory failure
    i. Presence of a tracheostomy
14. Chronic and disabling mental health conditions:
    a. Bipolar disorders,
    b. Major depressive disorders,
    c. Paranoid disorder,
    d. Schizophrenia,
    e. Schizoaffective disorder,
    f. Post-traumatic stress disorder (PTSD),
    g. Eating Disorders, and
    h. Anxiety disorders.
15. Neurologic disorders:
    a. Amyotrophic lateral sclerosis (ALS)
    b. Cerebral palsy,
    c. Epilepsy,
    d. Extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia),
    e. Huntington's disease,
    f. Multiple sclerosis,
    g. Parkinson's disease,
    h. Polyneuropathy,
    i. Fibromyalgia,
    j. Chronic fatigue syndrome,
    k. Spinal cord injuries,
    l. Spinal stenosis with neurologic abnormalities
    m. Stroke-related neurologic deficit; and
    n. Traumatic brain injury
16. Stroke
17. Post-organ transplantation care
18. Conditions that may cause cognitive impairment:
    a. Recent hospitalization with delirium,
    b. Alzheimer's disease,
    c. Intellectual and developmental disabilities,
    d. Traumatic brain injuries,
    e. Disabling mental illness associated with cognitive impairment, and
    f. Mild cognitive impairment.
19. Conditions that may cause similar function challenges and require similar services:
    a. Spinal cord injuries,
    b. Paralysis,
    c. Limb loss,
    d. Stroke, and
    e. Arthritis.

20. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell.
21. Conditions that require continued therapy services in order for individuals to maintain or retain functioning,
22. Chronic Hypertension
23. Osteoporosis
24. Chronic back pain

B. Medicare member *has a high risk of hospitalization or other adverse health outcomes (one or more of the following applies):*

1. Had 1 or more inpatient admissions (inclusive of BH) related to the chronic condition in the last 12 months, OR
2. Had 1 or more urgent care or emergency department visits related to the chronic condition in the last 12 months

C. Medicare member *requires intensive care coordination (one or more of the following applies):*

1. Medicare member is patient who requires home health visits related to the chronic condition,
2. Had 2 or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months,
   a. PCP
   b. Specialty
   c. PT/OT
   d. BH
   e. Home Health

DOCUMENTATION: Provider attestation stipulating to criteria A, B, and C must be provided before SSBCI eligibility may be determined.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

2019-04-24: Implementing Supplemental Benefits for Chronically Ill Enrollees. Medicare Drug & Health Plan Contract Administration Group

Title 42 Chapter IV Subchapter B Part 422 Subpart C § 422.102:

(f) ***Special supplemental benefits for the chronically ill (SSBCI)***

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Not applicable	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	Not applicable
First Coast Service Options, Inc.	Not applicable
National Government Services, Inc.	Not applicable
Noridian Healthcare Solutions	Not applicable
Novitas Solutions, Inc.	Not applicable
Palmetto GBA	Not applicable
WPS Insurance Corporation	Not applicable

III. BACKGROUND

Special Supplemental Benefits for the Chronically Ill (SSBCI) include supplemental benefits that are not primarily health related and may be offered non-uniformly to eligible chronically ill enrollees. The intended purpose of this category of supplemental benefits is to enable Medicare Advantage (MA) plans to better tailor benefit offerings, address gaps in care, and improve health outcomes for the chronically ill population.

In general, Medical Advantage (MA) organizations have broad discretion in developing items and services that may be offered as SSBCI provided that the item or service has a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee. MA organizations also have broad discretion in determining what may be considered ‘a reasonable expectation’ when choosing to offer specific items and services as SSBCI.

Specific items may include

- Healthy food and produce
- Household supplies
- Meal delivery
- Non-emergency transportation (NEMT)
- Personal care items
- Pest control services
- Utilities

The result of this benefit is to improve the life of members with the defined conditions. This benefit must improve the quality of life of our members and improve health.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
Not applicable	Not applicable

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date
Not applicable		

VI. CODING

See also *Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)*

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

This medical policy applies only to Medicare.

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SUMMARY OF CHANGES

New policy

Past committee review dates: Not applicable

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