



Important Prior Authorization Updates

(Effective Apr. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Trillium Community Health Plan wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

Service Category	PA Rule	Services	Procedure codes
Breast Services	No PA Required if billed with breast cancer diagnosis. PA Required if billed with any other diagnosis	Breast Reconstruction	19364
DME Services	No PA Required for PAR providers	Orthotic & Prosthetic	L2330
Laboratory	No PA Required for PAR providers	Drug Tests	80362
Physician Services	PA Required	Neurological Tests	95712, 95714
Skin Procedures	PA Required after 12 visits per calendar year	Surgery-Integumentary System	11043
Surgery Procedures	PA Required	Hysterectomies	58545
		Spinal Surgery	63200
		Surgery-Cardiovascular System	37224, 37226, 37236, 37237, 37238, 37239
		Surgery-Endocrine System	60240, 60252, 60500
		Surgery-Heart	92920, 92921
		Surgery-Nervous System	64568
		Surgery-Respiratory System	30130, 30140, 31253, 31254, 31255, 31256, 31257, 31259, 31267