

Trillium Community Health Plan Medicaid Prior Authorization Requirement Change Notice

Date: 1/21/2026

Trillium Community Health Plan (Trillium) requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements.

We are committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. **NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL MEDICAID SERVICES EXCEPT WHERE INDICATED.**

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.

For the complete CPT/HCPCS code listing, please see the Online Prior Authorization Tool on our websites at:

- Trillium Community Health Plan: [Medicaid Pre-Authorization Check](#)



Please view the following table for prior authorization requirements effective April 1, 2026.

*Redaction of Notice Sent 11/24/2025 [Trillium Community Health Plan Medicaid Prior Authorization Requirement Change Notice](#)

*Redaction of Notice sent 12/1/2025 [Effective February 1, 2026: Important Prior Authorization Updates](#)

Service Category	PA Rule	Services	Procedure codes
Behavioral Health	PA Required	Substance Abuse Treatment	H2027
		Treatment Services	90867, 90868
	Conditional PA Required for participating providers after first 24 visits per member, per calendar year	Psychotherapy	90847, 90853
	Conditional PA Required for participating providers after first 104 units per member, per calendar year	Substance Abuse Treatment	H0004
		Therapy	H2014, H2017, H2019
No PA Required	Treatment Services	H0036	
Cardiovascular	PA Required	Heart Surgery	93656
DME Services	*Conditional PA Required for participating providers after first 3500 units per member, per calendar year	Nutritional Services	B4158, B4159, B4160, B4161
	Conditional PA Required for participating providers after first 300 units per member, per calendar year	Incontinence Supplies	T4521, T4522, T4523, T4524
	No PA Required	Wheelchairs	E1140, E1150, E2366, K0739
Drug Codes	No PA Required	Medications	J3489
Genetic Analysis	No PA Required	Genetic Testing	81244
Hospice	PA Required	Hospice Services	Q5001
Laboratory	No PA Required	Pathology	81270
Other Medical Services	No PA Required	Acupuncture	97810, 97811, 97813, 97814
		Other Services	97150
Physical Medicine	PA Required	Orthotic and Prosthetic	Q4101, Q4121, Q4160, Q4186, Q4195, Q4196
Radiology Procedures	No PA Required	Nuclear Medicine	78708
Surgery Procedures	No PA Required	Vascular	36471
Transportation Services	PA Required for non-emergent cases	Medical Transportation	A0431, A0436