Trillium Medicaid, Health Net Commercial, Wellcare By Health Net Medicare, and Wellcare By Trillium Advantage Medicare Prior Authorization

Date: 5/28/2025

Trillium Community Health Plan, Health Net Plan of Oregon, Inc., Wellcare By Trillium Advantage, and Wellcare By Health Net require prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all commercial, Medicaid, and Medicare products offered.

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 HMO SERVICES EXCEPT WHERE INDICATED.

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

- Wellcare By Trillium Advantage: Medicare Pre-Authorization Check
- Wellcare By Health Net: Medicare Pre-Authorization Check
- Health Net: Commercial Pre-Authorization Check
- Trillium Community Health Plan: Medicaid Pre-Authorization Check

Please view the following table for prior authorization requirements effective January 1, 2025.

CMS New Codes Effective Jan. 1, 2025		Prior Auth Requirements			
Code	**Description**	**Trillium Medicaid**	**Trillium Medicare**	**ORHN Medicare**	**ORHN Commercial**
C1735	CATHETER INTRAVASCULAR FOR RENAL DNV RADIOFREQ	PA Required for All	PA Required for All	PA Required for All	PA Required for All
C1736	CATHETER INTRAVASCULA FOR RENAL DENERVATION U/S	PA Required for All	PA Required for All	PA Required for All	PA Required for All
C1737	JOINT FUSION AND FIXN DEVICE SACROILIAC AND PELVIS	PA Required for All	PA Required for All	PA Required for All	PA Required for All
C1738	POWERED SINGLE-USE ENDOSCOPIC U/S-GUIDED BX DVC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C1739	TISSUE MARKER IMAGING AND NONIMAGING DEVICE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C7562	CATHETER PLCMT CRNRY ART FOR CRNRY ANGIOGRAPHY	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C7563	TBA OPEN/PERC INITIAL ARTERY AND ALL ADD ARTERIES	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C7564	PERCUTANEOUS TRANSLUMINAL MECH TB VEIN IV U/S	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C7565	REPR ANT AB HERN REC IMP MESH <3 CM RED REM MSH	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C8001	3D ANATOMICAL SEG IMG PREOP PLANNING DATA PREP	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C8002	PREPARATION SKIN CELL SUSP AUTOGRAFT AUTOMATED	PA Required for All	PA Required for All	PA Required for All	PA Required for All
C8003	IMPLANT MEDIAL KNEE EXTRAART IMPLANT SHOCK ABS	PA Required for All	PA Required for All	PA Required for All	PA Required for All
C9610	CATHETER TRANSLUMINAL DRUG DELY AP COR NONLASER	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C9804	ELASTOMERIC INFUSION PUMP NONOPIOID MED DEVICE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C9806	ROTARY PERISTALTIC INFUS PUMP NONOPIOID MED DVC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C9807	NERVE STIMULATOR PERC PERIPH NONOPIOID MED DVC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C9808	NERVE CRYOABLATION PROBE NONOPIOID MEDICAL DVC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
C9809	CRYOABLATION NEEDLE NONOPIOID MEDICAL DEVICE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All

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E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1807	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1808	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1813	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1827	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1828	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE	PA Required for All	PA Required for All	PA Required for All	PA Required for All
G0532	TAKE-HOME SPLY NASAL NALMEFENE HCL NASAL SPRAYS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0533	MEDICATION ASSTD TX BPN WKLY BASIS WKLY BUNDLE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0534	COORDINATED CARE AND/REF SRV EA ADD 30 MIN SRV	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0535	PATIENT NAV SRV PROV DIR/REF EA ADD 30 MIN SRV	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0536	PEER REC SUP SRV PRVD DIR/REF EA ADD 30 MIN SRV	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0537	ADMINISTRATION ASCVD RISK ASSESSMENT EVERY 12 MO	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0538	ASCVD RISK MGMT SRV CLIN STAFF TIME PER CAL MO	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0539	CAREGIVER TRAINING FACE-TO-FACE INITIAL 30 MINS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0540	CAREGIVER TRAINING FACE-TO-FACE EA ADD 15 MINS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR

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G0541	CAREGIVER TRAINING NO PT PRSNT FTF INIT 30 MIN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0542	CAREGIVER TRNG NO PT PRSNT FTF EA ADD 15 MINS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0543	GROUP CAREGIV TRNG NO PT PRSNT MX SETS CAREGIV	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0544	POST DISCHARGE TELEPHONIC F/U 4 CALLS PER CAL MO	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0545	VISIT COMPLEXITY INHERENT TO HOS INPT/OBS CARE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0546	IPE PHONE/INET/EHR ASMT 5-10 MIN MED CONSULT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0547	IPE PHONE/INET/EHR ASMT 11-20 MIN MED CONSULT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0548	IPE PHONE/INET/EHR ASMT 21-30 MIN MED CONSULT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0549	IPE PHONE/INET/EHR ASMT >31 MIN MED CONSULT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0550	IPE PHONE/INET/EHR DX MI TX >5 MIN MED CONS TIME	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0551	IPE PHONE/INET/EHR DX MI TX 30 MIN MED CONS TIME	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0552	SUPPLY DGTL MENTAL HEALTH TX DVC PER CRS OF TX	PA Required for All	PA Required for All	PA Required for All	PA Required for All
G0553	FIRST 20 MIN MO TX DMHT DVC PT/CG DUR CAL MO	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0554	EACH ADD 20 MIN MO TX DMHT DVC PT/CG DUR CAL MO	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0555	PROVISION REPLC PT ELEC SYS HOME PULM AP MON	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
G0556	ADVANCED PRICARE MGMT SRVC PT ONE CHR COND/FEWER	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0557	ADVANCED PRICARE MGMT SRV PT MX 2/MORE CHR COND	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0558	ADV PRICARE MGMT SRV PT MCR BENE MX CHR COND	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0559	P/O F/U VISIT E/M SERVICES ADDRESSING SURG PROC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0560	SAFETY PLAN IVR EA 20 MIN PERF BILL PRACTIONER	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR

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G0561	TYMPANOSTOMY LOCAL/TOP ANES T-TUBE DEL DVC UNI	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0562	THERAPEUTIC RAD SIM-AIDED FLD STG COMP PET-CT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
G0563	SBRT TX DEL POSITRON EMISSION-BASED DELIVERY	PA Required for All	PA Required for All	PA Required for All	PA Required for All
G0564	CREATION SUBC PKT INS 365 DAY IMPLANT GLUC SNSR	PA Required for All	PA Required for All	PA Required for All	PA Required for All
G0565	REMOV GLUC SNSR DIF SITE INSERT NEW 365 DAY SNSR	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
H0052	MISSING AND MURDERED INDIGENOUS PERSONS MH AND CC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
H0053	HISTORICAL TRAUMA MH AND CC FOR INDIGENOUS PERSONS	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1371	MOST RECENT GLY STS ASMT HBA1C / GMI LVL < 7.0 PERCENT	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1372	MR GL STS ASMT HBA1C/GMI LVL >= 7.0 PERCENT AND < 8.0 PERCENT	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1373	MR GL STS ASMT HBA1C/GMI LVL >= 8.0 PERCENT AND <= 9.0 PERCENT	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1374	ADD ENCOUNTR RA DX AT LEAST 90 DAYS DUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1375	ADD ENCOUNTR RA DX AT LEAST 90 DAYS DUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1376	ADD ENCOUNTR RA DX AT LEAST 90 DAYS DUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1377	RCMD F/U INTERVAL REPEAT CLN 10 YEARS DOC CLN	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1378	DOCUMENT MED RSN NOT RCMD A 10 YEAR F/U INTERVAL	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1379	10 YR F/U INTERVAL COLONOSCOPY NOT RCMDD RSN NOS	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1380	FILL AL 2 RX DUR PERF PRD ANY COMB ORAL AP MEDS	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1381	PATIENTS WITH 2ND STROKE W/I 5 DAYS OF INIT PROC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1382	PATIENT ENCTR DUR PERF PRD WITH POS CODE 11	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1383	ACUTE PVD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational

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M1384	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1385	DOCUMENTATION PT RSN PT NOT SEEN 2ND PAM SURV	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1386	PATIENTS EXCISIONAL SURG MEL/MMIS IN PAST 5 YRS	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1387	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1388	PATIENTS DOCUMENT EXAM PERF FOR RECUR MELANOMA	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1389	DOC PT RSN NO EXAM REFUSAL OF EXAM/LOST TO F/U	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1390	PT NO DOC EXAM PERF RECUR MEL/NO DOC IN PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1391	ALL PATIENTS DX RECUR MELANOMA DUR CUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1392	DOC PT RSN NO EXAM REFUSAL EXAM/LOST TO F/U	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1393	PATIENTS NO DX RECUR MELANOMA DUR CUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1394	STAGES I-III BREAST CANCER	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1395	PT RECV INIT CHEMO REG DEFIN DUR ELIG CLIN/GRP	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1396	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1397	PATIENTS WITH RECURRENCE/DISEASE PROGRESSION	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1398	PATIENTS BSLN AND F/U PROMIS SURV DOC MED RCRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1399	PATIENTS WHO LEAVE THE PRACTICE DUR F/U PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1400	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1401	STAGES I-III BREAST CANCER	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1402	PATIENTS RECV INIT CHEMO DEFIN DUR ELIG CLIN/GRP	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1403	PATIENTS BASELINE AND F/U PROMIS SURV DOC MED REC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational

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M1404	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1405	PATIENTS WITH RECURRENCE/DISEASE PROGRESSION	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1406	PATIENTS WHO LEAVE THE PRACTICE DUR F/U PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1407	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1408	PATIENTS GL BRCA TST BFR DX OV FT/PERITONEAL CA	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1409	PATIENTS RCVD GERMLINE TESTING BRCA1 AND BRCA2/GC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1410	PATIENTS NO GERMLINE TESTING BRCA1 AND BRCA2/GC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1411	CURRENTLY ON FIRST-LINE ICI WITHOUT CHEMOTHERAPY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1412	PATIENTS METASTATIC NSCLC EGFR MUT ALK OTH ABN	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1413	PATIENTS POS PD-L1 BIOMARK EXPR TST BFR ICI TX	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1414	DOC MED RSN NO PD-L1 BIOMARK EXPR TST BFR ICI TX	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1415	PT NO POS PD-L1 BIOMARK EXPR TST RSLT BFR ICI TX	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1416	PATIENT RCVD HOSPICE SERV ANY TIME DUR PERF PRD	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1417	PT UP TO DATE COVID-19 VAC DEFIN CDC CUR VAC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1418	PT NOT UP TO DATE COVID-19 VAC DFIN CDC MED RSN	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1419	PATIENTS NOT UP TO DATE COVID-19 VACC DEFIN CDC	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1420	COMPLETE OPHTHALMOLOGIC CARE MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1421	DERMATOLOGICAL CARE MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1422	GASTROENTEROLOGY CARE MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1423	OPTIMAL CARE PT UROLOGIC COND MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational

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M1424	PULMONOLOGY CARE MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
M1425	SURGICAL CARE MIPS VALUE PATHWAY	N/A - Informational	N/A - Informational	N/A - Informational	N/A - Informational
Q4346	SHELTER DM MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4347	RAMPART DL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4348	SENTRY SL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4349	MANTLE DL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4350	PALISADE DM MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4351	ENCLOSE TL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4352	OVERLAY SL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
Q4353	XCEED TL MATRIX PER SQ CM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
0521U	RHEUMATOID FACTOR IGA AND IGM CCP ANTB SR-A IA BLOOD	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0522U	CA VI PSP AND SP1 IGG IGM AND IGA ANTB CL SEMIQL BLOOD	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS	PA Required for All	PA Required for All	PA Required for All	PA Required for All
0524U	OB PREECLAMPSIA SFLT-1/PLGF RATIO IA SERUM/PLSM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0525U	ONC SPHEROID CELL CUL 11-RX PANEL OVR/FLP/PERTL	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0526U	NEFRO RENAL TRNSPL QUAN CXCL10 CHEMOKINES FCM UR	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0527U	HSV 1 AND 2 VZV AMPLIFIED PROBE TQ EACH PATHOGEN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0528U	LRT IAD 18BCT/8VIRUS AND 7ARG AMP PRB TQ RT RNA TRGT	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
0529U	HEM VTE GW SNP F2 AND F5 GENE ALYS AND LEIDEN VRNT SLV	PA Required for All	PA Required for All	PA Required for All	PA Required for All
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI	PA Required for All	PA Required for All	PA Required for All	PA Required for All

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0901T	PLACEMENT BONE MARROW SAMPLING PORT W/IMG GDN	PA Required for All	Not Covered	Not Covered	PA Required for All
0902T	QTC INTERVAL AUGMNT ALG ALYS XTRNL MOBILE ECG	PA Required for All	Not Covered	Not Covered	PA Required for All
0903T	ECG ALGORITHMICALLY GEN 12 LEAD REDUCED LEAD I AND R	PA Required for All	Not Covered	Not Covered	PA Required for All
0904T	ECG ALGORITHMICALLY GEN 12 LD RDCD LD TRCG ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0905T	ECG ALGORITHMICALLY GEN 12 LD RDCD LD I AND R ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0906T	COMS THERAPY WND ASSMT AND DR 1ST APPL <=50 SQ CM	PA Required for All	Not Covered	Not Covered	Not Covered
0907T	COMS THERAPY WND ASSMT AND DR EA ADDL APPL<=50 SQ CM	PA Required for All	Not Covered	Not Covered	Not Covered
0908T	OPEN IMPLTJ INT NEUROSTIMULATION SYS VAGUS NERVE	PA Required for All	Not Covered	Not Covered	PA Required for All
0909T	REPLACEMENT INT NEUROSTIMULATION SYS VAGUS NERVE	PA Required for All	Not Covered	Not Covered	PA Required for All
0910T	REMOVAL INT NEUROSTIMULATION SYS VAGUS NERVE	PA Required for All	Not Covered	Not Covered	PA Required for All
0911T	ELEC ALYS INT NSTIMJ SYS VAGUS NRV W/O PRGRMG	PA Required for All	Not Covered	Not Covered	PA Required for All
0912T	ELEC ALYS INT NSTIMJ SYS VAGUS NRV W/SMPL PRGRMG	PA Required for All	Not Covered	Not Covered	PA Required for All
0913T	PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAJ C ART	PA Required for All	Not Covered	Not Covered	PA Required for All
0914T	PERQ TCAT THER RX DLVR NTRAC RX BALO SEPARATE	PA Required for All	Not Covered	Not Covered	PA Required for All
0915T	INSJ PERM CCM-D SYS PG AND DUAL TRANSVNS ELTRDS/LDS	PA Required for All	Not Covered	Not Covered	PA Required for All
0916T	INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0917T	INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0918T	INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0919T	REMOVAL PERM CCM-D SYSTEM PULSE GENERATOR ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0920T	RMVL PERM CCM-D SYS 1 TRANSVNS PACING LEAD ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All

Code	Description	Trillium Medicaid	Trillium Medicare	ORHN Medicare	ORHN Commercial
0921T	RMVL PERM CCM-D SYS 1 TRANSVNS DFB LEAD ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0922T	RMVL PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0923T	RMVL AND RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	PA Required for All	Not Covered	Not Covered	PA Required for All
0924T	REPOSITIONING PREV IMPL CCM-D TRANSVNS ELTRD/LD	PA Required for All	Not Covered	Not Covered	PA Required for All
0925T	RELOCATION SKIN POCKET IMPLANTED CCM-D PG	PA Required for All	Not Covered	Not Covered	PA Required for All
0926T	PROGRAMMING DEVICE EVAL IMPL CCM-D SYS IN PERSON	PA Required for All	Not Covered	Not Covered	PA Required for All
0927T	INTERROG DEV EVAL IMPL CCM-D SYSTEM IN PERSON	PA Required for All	Not Covered	Not Covered	PA Required for All
0928T	REMOTE INTERROG DEV EVAL CCM-D SYS <90D PHYS/QHP	PA Required for All	Not Covered	Not Covered	PA Required for All
0929T	REMOTE INTERROG DEV EVAL CCM-D SYS <90D TECH	PA Required for All	Not Covered	Not Covered	PA Required for All
0930T	ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	PA Required for All	Not Covered	Not Covered	PA Required for All
0931T	ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	PA Required for All	Not Covered	Not Covered	PA Required for All
0932T	N-INVAS DETCJ HEART FAILURE DRV AUGMNT ALYS ECHO	PA Required for All	Not Covered	Not Covered	PA Required for All
0933T	TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	PA Required for All	Not Covered	Not Covered	PA Required for All
0934T	REMOTE MNTR WIRELESS L ATRIAL PRESSURE SNR<30 D	PA Required for All	Not Covered	Not Covered	PA Required for All
0935T	CYSTO W/RNL PEL SYMPATHETIC DNRVTJ RF ABLTJ BI	PA Required for All	Not Covered	Not Covered	PA Required for All
0936T	PHOTOBIOMODULATION THERAPY RETINA SINGLE SESSION	PA Required for All	Not Covered	Not Covered	PA Required for All
0937T	XTRNL ECG REC>15D<30D REC SCAN ALYS RVW AND INTERPJ	PA Required for All	Not Covered	Not Covered	PA Required for All
0938T	XTRNL ECG REC>15D<30D RECORDING	PA Required for All	Not Covered	Not Covered	PA Required for All
0939T	XTRNL ECG REC>15D<30D SCANNING ANALYSIS W/REPORT	PA Required for All	Not Covered	Not Covered	PA Required for All
0940T	XTRNL ECG REC>15D<30D REVIEW AND INTERPJ PHYS/QHP	PA Required for All	Not Covered	Not Covered	PA Required for All

Code	Description	Trillium Medicaid	Trillium Medicare	ORHN Medicare	ORHN Commercial
0941T	CYSTO FLX INSJ AND XPNSJ PROSTATIC URTL SCAFFOLD	PA Required for All	Not Covered	Not Covered	PA Required for All
0942T	CYSTO FLX RMVL AND RPLCMT PROSTATIC URTL SCAFFOLD	PA Required for All	Not Covered	Not Covered	PA Required for All
0943T	CYSTO FLX REMOVAL PROSTATIC URETHRAL SCAFFOLD	PA Required for All	Not Covered	Not Covered	PA Required for All
0944T	3D CONTOUR SIMULAJ TRGT LVR LES AND MRGN MICRWV ABLT	PA Required for All	Not Covered	Not Covered	PA Required for All
0945T	INTRAOP ASMT ABNL TUM TIS IN-VIVO FLWG PRTL MAST	PA Required for All	Not Covered	Not Covered	PA Required for All
0946T	ORTHOPEDIC IMPLT MVMT ALYS PAIRED CT TRGT STRUX	PA Required for All	Not Covered	Not Covered	PA Required for All
0947T	MRGFUS STRTCTC BLD-BRN BARR DISRPJ MBUBB RSN8TR	PA Required for All	Not Covered	Not Covered	PA Required for All
15011	HRV SKIN FOR SKIN CELL SSP AGRFT 1ST 25 SQ CM/<	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15012	HRV SKIN FOR SKIN CELL SSP AGRFT EA ADDL 25 SQCM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15013	PREPARATION SKIN CELL SSP AGRFT 1ST 25 SQ CM/<	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15014	PREPARATION SKIN CELL SSP AGRFT EA ADDL 25 SQ CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15015	APPL SKIN CELL SSP AGRFT T/A/L 1ST 480 SQ CM/<	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15016	APPL SKIN CELL SSP AGRFT T/A/L EA ADDL 480 SQ CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15017	APPL SKN CLL SSP AGRFT F/S/N/H/F/G/M/DGT 1ST 480	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
15018	APPL SKN CLL SSP AGRFT F/S/N/H/F/G/M/DGT EA ADDL	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
25448	ARTHRP INTERCARPAL/CARP/MTCRPL JT SUSPENSION	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
38227	CAR-T THERAPY RECEIPT AND PREPJ CAR-T CELLS F/ADMN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers

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49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5 CM OR LESS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5.1-10 CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 10.1-20 CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
49189	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 20.1-30 CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
49190	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CYST >30 CM	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
51721	INSJ TRURL ABLTJ TRNSDCR DLVR THRM US PRST8 TISS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
53865	CYSTO INSJ TEMP DEV ISCHMC RMDLG BLDR NECK AND PRST8	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
53866	CATHJ RMVL TEMP DEV ISCHMC RMDLG BLDR NECK AND PRST8	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
55881	ABLATION TRANSURETHRAL PRST8 TISSUE W/THERMAL US	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
55882	ABLT TRURL PRST8 TIS THRM US INS TRURL US TRNSDC	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
60660	ABLTJ 1/+THYROID NODULE 1 LOBE/ISTHMUS PERQ RF	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
60661	ABLTJ 1/+THYR NDUL ADDL LOBE PERQ RADIOFREQUENCY	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
61715	MRGFUS STEREOTACTIC ABLATION TARGET INTRACRANIAL	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for all providers
64466	THORACIC FASCIAL PLANE BLOCK UNI INJECTION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All
64467	THORACIC FASCIAL PLANE BLOCK UNI CONT INFUSION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All
64468	THORACIC FASCIAL PLANE BLOCK BI INJECTION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All
64469	THORACIC FASCIAL PLANE BLOCK BI CONT INFUSION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All

Code	Description	Trillium Medicaid	Trillium Medicare	ORHN Medicare	ORHN Commercial
64473	LOWER XTR FASCIAL PLANE BLOCK UNI INJECTION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All
64474	LOWER XTR FASCIAL PLANE BLOCK UNI CONT INFUSION	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	Conditional: PA Required unless same day as surgery	PA Required for All
66683	IMPLTJ IRIS PROSTHESIS W/SUTR FIXJ AND RPR/RMVL IRIS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76014	MR SAFETY IMPLANT AND /FB ASSMT CLIN STAF 1ST 15 MIN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76015	MR SAFETY IMPLANT AND /FB ASSMT CLIN STAFF EA ADD 30	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76016	MR SAFETY DETERMINATION PHYSICIAN/OTHER QHP	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76017	MR SAFETY MED PHYSICS XM CUSTOMIZATION PLNG AND MNTR	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76018	MR SAFETY IMPLT ELECTRONICS PREPJ SUPVJ PHYS/QHP	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
76019	MR SAFETY IMPLANT POS AND /IMMOBLJ SUPVJ PHYS/QHP	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
81195	CYTOG GEN-WIDE ALYS HEM MAL STRUX VRNT AND CNV OGM	PA Required for All	PA Required for All	PA Required for All	PA Required for All
81515	NFCT DS BV AND VAGINITIS RTPCR AMP DNA MARKERS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
81558	TRNSPLJ REJ KDN MRNA GENE XPRSN PRFLG QPCR 139	PA Required for All	PA Required for All	PA Required for All	PA Required for All
82233	BETA-AMYLOID 1-40 (ABETA 40)	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
82234	BETA-AMYLOID 1-42 (ABETA 42)	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
83884	ASSAY NEUROFILAMENT LIGHT CHAIN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
84393	TAU PHOSPHORYLATED EACH	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
84394	TOTAL TAU (TTAU)	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
86581	STRPTCS PNEUM ANTIBODY IGG SEROTYPES MLT IA QUAN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR

Code	Description	Trillium Medicaid	Trillium Medicare	ORHN Medicare	ORHN Commercial
87513	IADNA H PYLORI CLARITHROMYCIN RESIST AMP PRB TQ	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
87564	IADNA MTB RIFAMPIN RESISTANCE AMP PRB TQ	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
87594	IADNA PNEUMOCYSTIS JIROVECII AMPLIFIED PROBE TQ	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
87626	IADNA HPV SEP RPRT HI-RSK TYP AND HI-RSK POOLD RSLTS	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
92137	CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
93896	VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
93897	EMBOLI DETCJ W/O IV MBUBB NJX TCD ICR ART COMPL	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
93898	VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
96041	MED GENETICS AND GENETIC COUNSELING SVCS EACH 30 MIN	No PA for PAR	PA for non-PAR providers	No PA for all providers	No PA for PAR
98000	SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98001	SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98002	SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98003	SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98004	SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98005	SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98006	SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98007	SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98008	SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98009	SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98010	SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR

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98011	SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98012	SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98013	SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98014	SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98015	SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR
98016	BRIEF COMMUNICATION TECH-BSD SVC EST PT 5-10 MIN	No PA for PAR	Not Covered	Not Covered	No PA for PAR

Trillium Medicaid Prior Authorization

Changes Effective May 1st, 2025

Code	Description	Trillium Medicaid
V5014	Hearing aid repair/modifying	No PA Required for PAR
V5264	Ear mold/insert	No PA Required for PAR
V5275	Ear impression, each	No PA Required for PAR

Changes Effective May 31st, 2025

Code	Description	Trillium Medicaid
B9002	Enteral nutrition infusion pump, any type	No PA Required for PAR

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Change Effective July 1st, 2025

Code	Description	Trillium Medicaid
E1399	DURABLE MEDICAL EQUIPMENT MISC	Conditional: Authorization is required for non-PAR providers. Authorization is required for PAR providers if rental exceeds $249, or if purchase price exceeds $1999.