



Trillium Medicaid Prior Authorization

Date: 4/1/2025

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 and is applicable to all Medicaid 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 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](#)

Effective July 1, 2025, the following codes will require prior authorization to be submitted to Trillium Community Health Plan:

- 31276: Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
- 37227: Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 19371: Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents

The following codes will no longer require prior authorization:

- E0601: Continuous positive airway pressure (CPAP) device
- K0001: Standard wheelchair

If you have questions, please contact Provider Services.