

# Prior Authorization

All MediGold, Mount Carmel MediGold, MercyOne Health Plan, Saint Alphonsus Health Plan, Trinity Health Plan Of New England and Trinity Health Plan of Michigan HMO and PPO members must obtain prior authorization before receiving the following services in order for benefits to be covered.

Prior Authorization is required for any services outside the Centers for Medicare and Medicaid Services (CMS) provided coverage(s), including but not limited to: Acupuncture, Chiropractic Services, transportation, certain durable medical equipment supplies, etc. Please refer to your Evidence of Coverage documents for more information.

## Utilization Management Contact Information:

**Phone:** 1-800-240-3870

**Prior Authorization Fax & Email:** 1-833-263-4869, [PriorAuth@MediGold.com](mailto:PriorAuth@MediGold.com)

**Hospital Fax & Email:** 1-833-263-4866, [Inpatient@MediGold.com](mailto:Inpatient@MediGold.com)

**SNF Fax & Email:** 1-833-263-4865, [SNF@MediGold.com](mailto:SNF@MediGold.com)

**For access to the MediGold portal for Prior Authorization/Admission Notification, please call 1-800-240-3870.**

## Out-of-Network Care:

**HMO** members must obtain prior authorization before receiving **ANY** out-of-network services unless the care is received during an emergency room or urgent care center visit.

**PPO** members **DO NOT** need to obtain prior authorization to use out-of-network providers unless the service appears on this prior authorization list. For out-of-network questions and prior authorization requests, call: 1-800-240-3870.

## Inpatient Admissions Prior Authorization Process:

- All Elective Hospital admissions (Medical, Surgical and Behavioral Health), Inpatient Rehabilitation Hospital (IPR) admissions and Long Term Acute Care Hospital (LTACH) admissions require Prior Authorization.
- All Inpatient Only Services, as defined on the Centers for Medicare and Medicaid Services (CMS) Inpatient Only List.
- Emergent Hospital admissions, Emergent Behavioral Health admissions:  
\*Admission Notification to MediGold is required within 2 business days of arrival to facility.
- Skilled Nursing Facility (SNF) Care Admissions:  
\*Admission Notification to MediGold is required within 2 business days of arrival to SNF.

## Inpatient Facility Transfers:

\*Notification to MediGold is required by the transferring hospital AND the receiving hospital to ensure authorization of services for each facility.

**Transferring Hospital** - Notification should occur at the time of transfer.

**Receiving Hospital** - Notification should occur within 2 business days.

Description	Current Procedural Terminology (CPT) codes
Non Emergency Fixed Wing or Rotary Wing Ambulance Services	A0430, A0431, A0435, A0436
*Oncology: Radiation Therapy to include 2D, 3D, Brachytherapy, Stereotactic, Proton Beam, IMRT, IGRT	0394T, 0395T, 32701, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016
*Oncology: Medical Procedures to include Part B medications, chemotherapy, and CAR T-cell therapy	A9542, A9543, A9606, A9699, C9016, C9024, C9028, C9257, C9293, C9399, C9492, J0202, J0207, J0594, J0640, J0641, J0780, J0881, J0885, J0888, J0894, J0897, J1050, J1094, J1100, J1260, J1442, J1447, J1453, J1557, J1561, J1566, J1569, J1570, J1572, J1626, J1627, J1630, J1675, J1930, J1950, J2060, J2353, J2354, J2355, J2358, J2405, J2430, J2469, J2505, J2550, J2562, J2765, J2796, J2820, J2860, J3262, J3315, J3380, J3485, J3489, J3490, J3590, J7504, J7511, J7520, J7527, J8499, J8501, J8510, J8515, J8520, J8521, J8530, J8540, J8560, J8562, J8565, J8597, J8600, J8610, J8650, J8655, J8670, J8700, J8705, J8999, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9031, J9032, J9033, J9034, J9035, J9039, J9040, J9041, J9042, J9043, J9045, J9047, J9050, J9055, J9060, J9065, J9070, J9098, J9100, J9120, J9130, J9145, J9150, J9151, J9155, J9160, J9165, J9171, J9175, J9176, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208, J9209, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J6218, J9219, J9225, J9226, J9228, J9230, J9245, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9606, J9307, J9308, J9310, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9357, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q0162, Q0164, Q0166, Q0167, Q0169, Q0180, Q2017, Q2040, Q2041, Q2042, Q2043, Q2049, Q2050, Q2053, Q2054, Q2055, Q2056, Q5101, S0088, S0091, S0104, S0108, S0119, S0145, S0148, S0156, S0166, S0170, S0172, S0174, S0175, S0176, S0178, S0179, S0182, S0183, S0187
Monoclonal Antibodies	J0172, J0174
Outpatient Services: BRACAnalysis® Large Rearrangement Test (BART™):	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81406, 81407, 81479
Power Mobility Devices:	E2300, E2301, E2310, E2311, K0800, K0801, K0802, K0803, K0804, K0805, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899

\*Note: CPT codes submitted for Oncology treatment must also include Oncology-related diagnosis codes