

PROVIDER UPDATE

DECEMBER 2025



MediGold



Reminder: PA List Update (Effective 12/1/25)

Effective **12/1/25**, we no longer require prior authorization for the following services:

- Radiation Therapy
- Power Mobility Devices
- Genetic Testing: BRAC Analysis
- Elective Acute Hospital Admissions & Surgeries

NOTE: Notification of admission will still be required when the member arrives for their scheduled admission. Please reach out to Lindsey Glass, Director, Utilization Management with any questions at lindsey.glass@medigold.com.

We're Here To Serve You. 

Trinity Health Plan of Michigan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. [LEARN MORE](#)

Provider Service Center 800-991-9907 (TTY: 711)



Medical Coding/Sepsis

Key Facts

- Sepsis usually starts with localized infection that enters the blood stream and then affects the tissues and organs of the patient.
- The cause of systemic infection is usually pneumonia, UTI, influenza, E. coli, etc. These infections may show symptoms such as tachycardia, leukocytosis, tachypnea and fever.

• It cannot be assumed the patient has sepsis or SIRS based on symptoms alone; the provider must document their clinical judgement and testing results.

Due to the severity of this condition, it is not diagnosed in the outpatient setting and should only be coded in an inpatient setting.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period of each calendar year based on diagnoses documented in the medical records.

Clinical documentation should be clear, reliable, valid and legible. All conditions that coexist during the encounter/visit and require or affect patient care, treatment and/or management should be documented.

Sepsis

ICD-10-CM	DESCRIPTION
A40-	Streptococcal sepsis
A41-	Other sepsis

Coding Tips:

- Sepsis is coded based on the causative organism (i.e. Listerial sepsis, Streptococcal sepsis, Sepsis due to *Staphylococcus aureus*, Sepsis due to *Escherichia coli*, etc.).
- If the underlying infection or organism is not specified for an accurate diagnosis, code A41.9, Sepsis, unspecified organism.
- The main ICD-10 diagnosis categories for Sepsis are A40- (Streptococcal sepsis) and A41- (Other sepsis).

Outside of those two categories, sepsis can also be found under the disease category in which the sepsis originated, i.e. *Salmonella* sepsis is found under A02-(Other salmonella infections) and *Listeria* sepsis under A32- (Listeriosis).

Correct Coding of Sepsis (Inpatient)

A: Streptococcal sepsis, unspecified (A40.9) - Patient arrived with elevated heart rate, fever and confusion. Lab results showed positive for Streptococcal sepsis.

P: Treatment includes IV antibiotics, aggressive IV fluids to prevent organ failure, supplemental oxygen, careful monitoring of vital signs and organ function.

Incorrect Coding of Sepsis (Outpatient)

A: Streptococcal sepsis, unspecified (A40.9) - Patient is here for follow-up visit of sepsis. Was admitted and diagnosed with Streptococcal sepsis.

P: Continue with antibiotics.



Important Claims and Billing Information

New Electronic Claim Submission Function

- Providers are now able to submit attachments electronically. Providers no longer need to drop their claims for paper to submit attachments.

Required: Point of Pick-Up (POP) Zip Code for Ambulance Claims

- The Point of Pick-Up (POP) zip code is required when billing ambulance claims.

Point of Pick-Up is the location of the beneficiary at the time he or she is placed on board the ambulance.

- Please refer to the Medicare Claims Processing Manual, Chapter 15 – Ambulance.

Important Update on Melissa Data

- Our new system utilizes Melissa Data for address standardization.
- Please ensure you are billing your address per the information on **Melissa Data**.

Required: Rendering National Provider Identifier (NPI)

- Effective January 1, 2026, the Rendering NPI will be required on your claims.
- The Rendering NPI identifies who provided the service.

A Rendering NPI is associated with an individual and used on claims to identify the specific provider of a service. This, combined with a taxonomy code, allows you to identify services within your scope of practice and for which of these services a payer should reimburse you.

- You can search for your National Provider Identifier (NPI) and corresponding information through the **NPI registry**

- Please refer to **The National Provider Identifier (NPI) Fact sheet**

Required: Taxonomy Codes for Billing

- A taxonomy code is a unique 10-character code that designates your classification and specialization.

- Taxonomy codes are required when billing.

- Please ensure you are billing the correct taxonomy code for the classification/specialization per the claim you are billing.

For example, when providing a service as a Primary Care Physician (PCP), use the correct taxonomy code. Do not bill the claim with your Emergency Medicine taxonomy code.

- Billing correctly will ensure your claim is processed correctly and the member will not be charged the incorrect co-pay (i.e., Specialist co-pay versus PCP co-pay).

NPPES & NPI:
The Health Insurance Portability and Accountability Act (HIPAA) requires the use of a unique National Provider Identifier for health care providers. The final rule issued January 1, 2005.

The National Provider Identifier (NPI): The 10-digit standard unique health identifier for health care providers. All health care providers, including physicians, dentists, nurses, and other individuals or organizations that render health care as defined by HIPAA.

The National Plan and Provider Enumeration System (NPPES): Maintains a central database of health care providers and is the database that stores and manages all NPIs.

Three ways to obtain your NPI:

- Download the paper application form at [NPI.gov](#)
- Authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration, or download the electronic application (EPA) to learn more about it, visit [NPI.gov](#)
- If you are a covered health care provider, you must report any changes in your NPI or information provided for your NPI within 30 days of the change.

Medicare and NPI: An NPI is required for Medicare enrollment. An NPI does not replace the Medicare certification or enrollment process.

A provider or supplier will not receive payment from Medicare unless the provider is certified and enrolled in the Medicare program.

Updates to a provider's NPI record in NPPES does not automatically update the provider's Medicare enrollment information.

Resources for Additional Information:

- [NPI.gov](#)
- [NPPES-related guidance](#)
- [Educational Resources](#)
- [NPI Frequently Asked Questions](#)

Novologix and 2026 Part B Drug Prior Authorization and Step Therapy Updates

Effective **January 1, 2026**, Trinity Health Plan of Michigan is expanding our Part B drug prior authorization (PA) requirements and implementing step therapy for select medications. These changes support high-quality, evidence-based use of drug therapies and help ensure members receive the most clinically appropriate and cost-effective treatment.

What is Changing in 2026?

1. Expanded Part B Drug Prior Authorization Scope

Beginning **1/1/2026**, additional Part B medications will require prior authorization. [A complete up to date list of drugs requiring authorization can be found here.](#)

2. New Step Therapy Requirements

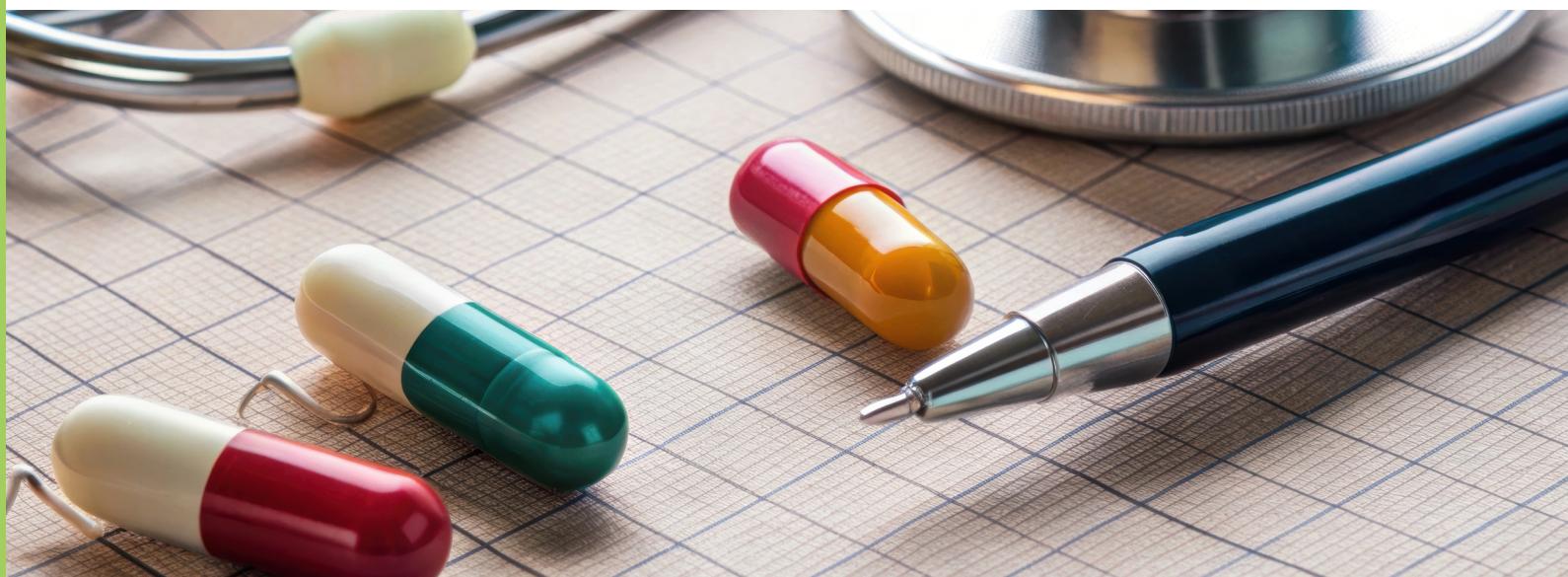
We are introducing step therapy for certain Part B medications where therapeutically comparable alternatives exist.



[A list of drugs requiring step therapy can be found here.](#)

We are also pleased to share that effective **January 1, 2026**, we will be partnering with CVS Caremark, powered by the Novologix online prior authorization system, for our Part B drug prior authorization and step therapy reviews.

The transition will streamline processing, enhance clinical consistency and improve turnaround times.



Submitting Authorization Requests

• You may submit prior authorization requests via phone, fax or mail:

• Call: 1-800-932-7013

Monday-Friday 9am-7pm EST

Weekend coverage: 8am-4:30pm EST

• Fax: 1-844-306-1163

• Write: CVS Caremark Medicare Part B Department

Attn: Part B NLX Team

P.O. Box 52000 MC 109

Phoenix, AZ 85072-2000

What You Need to Do:

Beginning **January 1, 2026**, please submit all Part B drug prior authorization requests to CVS Caremark powered by Novologix using one of the methods described above.

If you have questions about these changes, please contact CVS Caremark at 1-800-932-7013.

Our appeals process remains unchanged. Please continue to submit Part B drug appeals directly to Trinity Health Plan of Michigan.



[For contact information visit our website.](#)



Preventing Falls in Winter: Opening Channels of Communication with Members

It is common to see an increase in falls and fall-related injuries during the winter season, with many parts of the US experiencing dangerous conditions due to snow and ice.

Orthopedic injuries from falls, such as broken bones, can be common, as well as traumatic brain injuries among elderly adults. Consequences can lead to hospital or nursing home stays, or even death in worst case scenarios.

Consider sharing the following tips with members to help prevent or lessen injuries from wintertime falls:

- **Be cautious and allow for extra time.**

Try to slow down and not hurry when running errands, shopping or being out and about.

- **Change walking style for greater stability.**

Use a slower and wider gait—walk like a penguin—to better protect against falls.

- **Dress appropriately.**

Wear footwear with good traction, even if going outside for a brief time.

- **Take care in risky locations, such as parking lots.**

When getting out of a vehicle, check first to see if the ground is slippery.

- **Protect bone health.**

To encourage strong bones, receive adequate daily amounts of calcium and vitamin D from proper nutrition, supplements or sun exposure. Determine if greater amounts are needed on a patient-by-patient basis.

Do You Have Access to our Provider Portal?

Through the Provider Portal, you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!



[GET ACCESS TODAY](#)