

Prior Authorization

All Mount Carmel MediGold, MercyOne Health Plan, Saint Alphonsus Health Plan, Trinity Health Plan New York 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

Hospital Fax & Email: 1-833-263-4866, Inpatient@MediGold.com

SNF Fax & Email: 1-833-263-4865, SNF@MediGold.com

For access to the 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 the health plan is required within 2 business days of arrival to facility.
- Skilled Nursing Facility (SNF) Care Admissions:
*Admission Notification to the health plan is required within 2 business days of arrival to SNF.

Inpatient Facility Transfers:

*Notification to the health plan 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, A9607, 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, J9281, 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, J0175
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