

Gold Kidney Medicare Advantage Prior Authorization



**GOLD KIDNEY
HEALTH PLAN**

Gold Kidney Health Plan's focus is on facilitating access to care for our members and minimizing the administrative burden on our physicians for all of its thirteen Medicare Advantage plans in Arizona and Florida.

Gold Kidney has updated the list of services requiring Prior Authorization.

Please note the term "prior authorization" (preauthorization, precertification, preadmission), when used in this communication, is defined as a process through which the physician or other healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

"Notification" refers to the process of the physician or other healthcare provider notifying Gold Kidney Health Plan of the intent to provide an item or service for a Gold Kidney-covered patient that has enrolled in a Gold Kidney Health Plan Product. The notification process is distinguished from prior authorization. Gold Kidney Health Plan does not issue an approval or denial related to a notification.

The list represents services and medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) that require prior authorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at www.cms.gov/Medicare-coverage-database/.

Investigational and experimental procedures usually are not covered benefits. Please consult the patient's Evidence of Coverage or contact our Customer Service Center at 1-844-297-6535, 8 AM - 5 PM Mountain time, Monday through Friday for confirmation of coverage.

Important notes:

- Gold Kidney MA (HMO-POS): The full list of prior authorization requirements applies to patients with Gold Kidney MA HMO point-of-service (HMO POS) coverage, including those in the Chronic Special Needs Plans under Gold Kidney Health Plan.

Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list and should refer to their IPA or risk network for guidance on processing their request.

Prior authorization is not required for consultation services provided by Cardiologists, Endocrinologists, Nephrologists and Cardiovascular Surgeons. Select procedures performed by these providers will require authorization as identified on the attached list.

Please note that PCP Office services and urgent/emergent services do NOT require referrals or prior authorizations. Not obtaining prior authorization for a service could result in financial penalties for the practice and reduced benefits for the patient, based on the healthcare provider's contract and the patient's Evidence of Coverage. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and prior authorization requirements with Gold Kidney Health Plan prior to providing services.

Information required for a prior authorization request or notification may include, but is not limited to, the following:

- Member's ID number, name, and date of birth Date of actual service or hospital admission
- Procedure codes, up to a maximum of 10 per authorization request Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to a maximum of six per authorization request Service location
- Inpatient (acute hospital, skilled nursing, hospice)
- Outpatient (off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Tax ID and NPI number of treatment facility (where service is being rendered) Tax ID and NPI number of the provider performing the service Caller/requestor's name/telephone number
- Attending physician's telephone number Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a faster determination. If additional clinical information is required, Gold Kidney Health Plan (UM) will request the specific information needed to complete the authorization process.

Items in the table below require prior authorization.

All other services unless they are performed at a hospital do not require prior authorization.

HOW TO REQUEST PRIOR AUTHORIZATION

Except where noted in the “Details/Notes” column and via links on the following pages, prior authorization requests for medical services and items may be initiated in the following ways:

Electronically

- Fax a request to 1-UM FAX # 1-480-480-7030
- Authorization Request Forms available at www.goldkidney.com

Please note: Online prior authorization requests are encouraged.

Prior authorization for Part D medications may be initiated with Gold Kidney Clinical Pharmacy Review (HCPR) in the following ways:

Electronically

- Via **MedImpact**
Fax a request to 1-866-515-7869
- Request Forms available at GoldKidney.com/provider/pharmacy-resources/prior-authorizations
Call MedImpact at 1-888-672-7206 (711 TTY), (24/7/365) Customer Service or Authorization Line: 1-844-294-6535

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification via U.S. postal mail.

Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
Behavioral health services	Partial hospitalization	0900,0904,0914,0915,0916, 90791-90792, G0176, 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90845, or 90880, G0410 or G0411, 90846 or 90847
Cardiac devices	Aorta Repair	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844*, 34845, 34846, 34847, 34848
Cardiac devices	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93745, K0606*, K0607, K0608, K0609
Chemotherapy agents, supportive drugs and symptom management drugs category		Special review required
Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies	<p>Preauthorization requests will be reviewed by Gold Kidney National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to • 866-515-7869 • Submit by telephone to (844) 294-653 	0537T, 0538T, 0539T, 0540T, Q2042, Q2053, Q2054, Q2055, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7
Category Cochlear and auditory brainstem implants		69930, 69949, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2235
Diagnostic/cardiac imaging	Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)	78451, 78452

Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
	Positron emission tomography (PET) scan / National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Single photon emission computerized tomography (SPECT) scan	78494
Emerging technology/new indications for existing technology	Review by the Gold Kidney UM Team	31647, 31648, 31649, 31651, 43284, 93264, 0446T, 0447T, 0448T
Home infusion when bundled service exceed \$500.00		99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Inpatient admissions	<ul style="list-style-type: none"> • Acute hospital (includes inpatient hospice) • Acute rehab facilities • Long-term acute care • Mental health, substance use and residential treatment • Skilled nursing facilities 	All

Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
Laboratory/Genetic Testing		80050,81221,81206, 81207, 81210, 81219, 81235, 81245, 81246, 81270, 81275, 81276, 81288, 81301, 81311, 81329, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81425, 81426, 81432, 81433, 81435, 81436, 81445, 81450, 81455, 81479, 81490, 81520, 81599, 86769, 87426, 87593, 87634, 87635, 87636, 87637, 87999, 88108, 88108TC, 8810826, 88185, 88271, 88275, 0014M, 0018U, 0015U, 0179U, 0245U
Lung biopsy and resection		32096-32098, 32400-32408, 32505-32507, 32601 – 32674
Noninvasive home ventilators		E0466, E0470, E0471
Observation stays	Notification requested for authorization/claims payment	All
Outpatient Surgery	Completed at an ASC or Surgery Center	All surgeries completed at a facility except those related to dialysis access placement or de-clotting
PET Scans		78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816

<p>Prosthetics- When cost exceeds \$500</p>		<p>21076-21089, A9282, K1014, K1022, L3201-L3265, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840</p>
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Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
<p>Prosthetics- When cost exceeds \$500 (Cont.)</p>		<p>L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620</p>
<p>Radiation therapy</p>	<p>Requests from medical oncologists, hematologists, urologists, gynecologic oncologists, and radiation oncologists will be managed by Gold Kidney Health Plan UM Team for all requests.</p>	<p>32553, 32701, 49411, 55874, 55867, 61796, 61798, 63620, 77014, 77331, 77370, 77399, 77470, 77385, 77386, 77387, G6001, G6002, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77431, 77435, 77469, 77427, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, A4650, C9726, C9728, G0339, G0340, G0458, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016</p>

Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
Routine Maternity Care	Notification requested	All
Spinal fusion, decompression, kyphoplasty, and vertebroplasty		20930,20931,20939,22854, 22858,20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527,22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300,

Medicare Advantage and C-SNP Plan Preauthorization List

Category	Details/Notes	Codes
Spinal fusion, decompression, kyphoplasty, and vertebroplasty (Cont.)		63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, C1821, C2614, D9757, S2348, S2350, S2351
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, C9727, S2080
TAVR and Transcatheter Mitral Valve		33361, 3362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33370, 33418, 33419, 33477, 0345T, 0483T, 0484T, 0543T, 0544T, 0545T, 0569T, 0570T, 0646T,

<p>Transplant surgeries and work-ups</p>	<p>Preauthorization requests will be reviewed by Gold Kidney UM team for Transplant Network Coordination</p> <ul style="list-style-type: none"> • Submit by fax to 866-515-7869 • Submit by telephone to (844) 294-653 	<p>32850, 32851, 32852, 32853, 32854, 32855, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 38205*, 38206*, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, 44132, 44133, 44135*, 44136, 44137, 44715, 44720, 44721, 47133*, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300*, 50320*, 50323*, 50325, 50340*, 50340*, 50360, 50365, 50370, 50547*, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81560, 81595, 0018M, 0087U*, 0088U*, 02WA3QZ, 02WA4QZ, 0319U, 0320U, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T,</p>
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Medicare Advantage and C-SNP Plan Preauthorization List		
Category	Details/Notes	Codes
<p>Transplant surgeries and work-ups (Cont.)</p>	<p>Preauthorization requests will be reviewed by Gold Kidney UM team for Transplant Network Coordination</p> <ul style="list-style-type: none"> • Submit by fax to 866-515-7869 • Submit by telephone to (844) 294-653 	<p>0670T, G0341*, G0342*, G0343*, L8698, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, S2053*, S2054*, S2060*, S2061*, S2065*, S2102*, S2142*, S2152, S9975</p>

Ventricular assist devices (VADs)	Ventricular assist devices (VADs)	33967, 33968, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33995, 33990, 33991, 33992, 33993, 33997, 33999, Q0477, Q0478, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509
Wheelchairs/scooters-when purchase price exceeds \$500		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2398, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814,

Medicare Advantage and C-SNP Plan Preauthorization List		
Category	Details/Notes	Codes
		K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840,

Wheelchairs/scooters-when purchase price exceeds \$500 (Cont.)		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
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