



Illinois Medicaid Prior Authorization (PA) Requirements

For code-specific PA requirements, click [here](#) to open the document titled, **Illinois Medicaid Authorization Lookup**.

Codes that are not listed on the IL Medicaid fee schedule may not be payable by Meridian. Codes will be reviewed on a quarterly basis and provider notification will be sent with updates. Any newly created codes added to the Illinois Medicaid fee schedule require PA; however, replacement codes maintain the PA requirement for the code it is replacing.

Any newly added pharmacy codes to the Medicaid fee schedule require PA. Pharmacy codes covered under the medical benefit are to be submitted to ilmeridian.com. All other pharmacy codes administered in the home setting are to be submitted to our pharmacy benefit manager (PBM).

Prior Authorization Submission

The following information is required for Meridian to accept your authorization request:

- Full name of member
- Member's date of birth
- Member's Meridian ID number
- Requesting provider & NPI number
- Servicing provider & NPI number
- Servicing facility & NPI number
- Place of service
- Date(s) of service
- Procedure code(s) if applicable
- ICD-10 diagnosis code(s)
- Requested CPT/HCPCS code must be on Medicaid fee schedule

Secondary identifiers may be used if member identification number is unknown:

- Member's home address
- Member's phone number

To submit a PA, please utilize our online PA form [here](#).

For Rx submissions, please utilize the form [here](#).

For additional information on vendor managed codes, please see below under Meridian Partners.

Services That Always Require Authorization

Inpatient Admissions

- Acute admissions (planned)
- Acute rehab
- Custodial
- Long-term acute care hospitals (LTACH)
- Skilled nursing facilities (SNF)

Behavioral Health Services

- Inpatient mental health & substance abuse detox
- Partial hospitalization
- Substance abuse residential services

Provider Notification Requirements

- Meridian requires notification from facilities for emergent inpatient admissions and routine deliveries within one business day
- Observation does not require authorization. If the member is admitted, notification must be sent within one business day



Meridian Partners

eviCore Overview:

eviCore provides utilization management services for radiology and cardiology. Provider resources can be accessed through the following links:

- **Radiology**
- **Cardiology**

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service **eviCore portal**. When a case is initiated on the eviCore portal and meets clinical criteria, a real-time authorization may be received.

HealthHelp Overview:

HealthHelp provides utilization management services for radiation therapy and medical oncology. Provider resources can be accessed through the following links:

- **Radiation Therapy**
- **Medical Oncology**

Providers can request a review for radiation therapy and medical oncology services using the **HealthHelp portal**.