

Prior Authorization Rules for MeridianComplete (Medicare-Medicaid Plan) (Illinois)

Unless otherwise noted in the Member Handbook we follow all Original Medicare coverage rules, as well as coverage rules set forth by the State of Illinois. This includes National Coverage Decisions posted on www.cms.gov.

All covered services must be provided according to the coverage guidelines established by Medicare and the State of Illinois. Services must be medically necessary, meaning the services, supplies, or drugs are needed for the prevention, diagnosis, or treatment of the medical condition and meet accepted standards of medical practice. For services requiring prior authorization, the provider and/or member must demonstrate medical necessity.

Please Note:

- Changes can be made at the discretion of the plan on an annual basis. Any mid-year changes will be communicated to providers prior to implementation
- This is not an exhaustive list, some procedures/services/tests not listed below may require prior authorization.
- Any newly created codes added to the Medicare Fee Schedule require a Prior Authorization (PA), however, Replacement Codes maintain the PA requirement for the code it is replacing.

Requires Prior Authorization:

- Any service performed by an out-of-network provider
- Bone Growth Stimulators
- Bone Mass Measurement
- Cardiac Rehabilitation Services
- Diabetes self-management training, diabetic services and supplies
 - Enhanced Disease Management
 - Weight Management Programs
- Dental Services
 - Oral/Maxiofacial (Dentures)
- Diabetes self-management training, diabetic services and supplies
- Durable medical equipment and related supplies
 - Prior authorization is only required for orders greater than \$500
- Family Planning Services
- Health and Wellness Education Programs
 - Enhanced Disease Management
 - Routine Hearing Visits
- Home and Community Based Services (HCBS) Waiver
 - Adult Day Program, Assistive Technology, Habilitation-day home delivered meals, Home Health Aide, Home modifications, Homemaker services, Nursing services, Personal Assistant, Respite Care, Specialized durable medical equipment and supplies and Therapies
- Home Health Agency Care
- Immunizations
 - Other vaccines if member is at risk and they meet Medicare Part B coverage rules
- Inpatient Services
 - Includes inpatient acute, inpatient rehabilitation, inpatient mental health care, long-term care hospitals, inpatient elective/scheduled surgeries and all other types of services in an inpatient hospital setting
 - Inpatient services covered during a non-covered inpatient stay
- Kidney Disease Services and Supplies (Including kidney disease education and dialysis treatments)

- Medicare Part B Prescription Drugs
- Medical Equipment and Supplies
- Nursing Facility Care
- Outpatient Tests and Services
 - **Tests and services include but are not limited to:** 2-D/3-D Mammography, Diagnostic imaging such as dopplers, ultrasounds, nuclear medicine tests, CTs, MRIs, MRAs, and PETs. *Diagnostic procedures such as echocardiograms, scopic procedures, EGDs, sleep studies and nerve conduction studies. Doppler Ultrasound of Extremity, Hyperbaric Therapy, Infertility Testing, *Labs for genetic testing services, Outpatient rehabilitation services, Pulmonary Stress Testing, Pulse Volume Recording, Therapeutic radiology, Transcranial Ultrasound, Transthoracic Echocardiogram (TTE)
 - Outpatient Mental Health and Substance Abuse Services
 - Outpatient Surgery and Procedures(Services/surgeries performed in ambulatory surgical centers)
- Pain Management Procedures
- Partial hospitalization services
- Personal Emergency Response System
- Prosthetic devices and related supplies
 - Prior Authorization is only required for orders greater than \$500
- Routine Maternity Care
- Skilled nursing facility care
- Therapy Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Transportation Services
 - Non-Emergency Ambulance Transportation

Does Not Require Prior Authorization:

- Abdominal aortic aneurysm screening
- Annual Wellness Visit
- Breast Cancer Screening (Non-Diagnostic)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Chiropractic Services
- Colorectal Cancer Screening, including preventive screening colonoscopies
- Dental Services
 - Comprehensive Dental Services (Restorative Services, Endodontics, Periodontics, Extractions and Prosthodontics)
- Depression Screening
- Diabetes Screening
- Emergency Care
- Health and Wellness Education Programs
 - Health Education
 - 24/7 Nurse Hotline
- HIV screening
- Hospice (Medicare rules apply)
- Immunizations
 - Flu Shots
 - Hepatitis B vaccine if member is at high or intermediate risk of getting Hepatitis B
 - Pneumonia vaccine
- Labs (excluding genetic testing)
- Over-the-Counter Items
- Podiatry
- Prostate cancer screening exams
- Pulmonary rehabilitation services
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)

- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Therapy Services
 - Medical nutrition therapy
 - Obesity Screening and Therapy to promote sustained weight loss
- Transportation Services
 - Emergency Transportation
 - Non-Ambulance Medical Transportation
- Urgently needed services
- Vision care (Eyewear and Exams)
- Welcome to Medicare Preventive Visit
- X-rays

Referrals:

- Members will need a referral from their PCP to see a specialist, except for the following: audiologist (for routine hearing exams), chiropractor, dentist (for preventive dental services), dermatologist, gynecologist and optometrist (for routine vision exams)