



Prior Authorization Rules for MeridianCare (HMO) (Illinois)

Unless otherwise noted in the Evidence of Coverage we follow all Original Medicare coverage rules, including National Coverage Decisions posted on www.cms.gov.

All Medicare covered services must be provided according to the coverage guidelines established by Medicare. 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
- Dental Services
 - Comprehensive Dental Services (Restorative Services, Endodontics, Periodontics, Extractions & Prosthodontics)
- Diabetes self-management training, diabetic services and supplies
- Durable medical equipment and related supplies
 - Prior authorization is only required for orders greater than \$500
- Health and Wellness Education Programs
 - Fitness Benefit
 - Enhanced Disease Management
 - Weight Management Programs
- Hearing Services
 - Hearing aids
- Home Health Agency Care
- Immunizations
 - Other vaccines if member is at risk and they meet Medicare Part B coverage rules
- Inpatient Services
 - 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
- 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 Surgery and Procedures(Services/surgeries performed in ambulatory surgical centers)

- Pain Management Procedures
- Partial hospitalization services
- 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
 - Preventive Dental Services (Oral Exams, Prophylaxis (Cleaning), Fluoride Treatment, Dental X-Rays)
- Depression Screening
- Diabetes Screening
- Emergency Care
- Health and Wellness Education Programs
 - Health Education
 - 24/7 Nurse Hotline
- Hearing Services
 - Hearing Services (Diagnostic Exams)
 - Routine Hearing Visits
- 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)
- Outpatient Tests and Services
 - Outpatient Mental Health and Substance Abuse Services
- 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
- 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)