

Outpatient Prior Authorizations

January 2020

ILLINOIS

Dear Providers,

This notification includes information regarding future updates to prior authorization (PA) requirements from MeridianHealth (Meridian).

Please note: This listing includes only those procedures/services that were recently added to the PA requirements. The following PA updates are effective 3/17/2020.

Specialty/Service	Added PA Required	Line of Business
Cardiovascular	33274;33275;33440;33866;36572;36573	Medicaid
Diagnostic Radiology Services	76391;76978;76979;76981;76982;76983;77046;77047;77048;77049	Medicaid
Drugs Administered Other than Oral Method	J0185;J0517;J0584;J0599;J0841;J1301;J1454;J1628;J1746;J2797;J3245;J3304;J3316;J3591;J7170;J7177;J7203;J7318;J7329;J9044;J9057;J9153;J9173;J9229;J9311;J9312	Medicaid
Durable Medical Equipment	E0467	Medicaid
Hearing Services	V5299	Medicaid
Hemic and Lymphatic Channels	38531	Medicaid
Integumentary	10004;10005;10006;10007;10008;10009;10010	Medicaid
J Code Drugs	J7208;J7677	Medicaid
Medicine	92273;92274;93264;95836;95976;95977;95983;95984;96112;96113;96132;96133;96136;96137	Medicaid
Musculoskeletal	27369	Medicaid
Pathology and Laboratory Services	81163;81164;81165;81166;81167;81171;81172;81173;81174;81177;81178;81179;81180;81181;81182;81183;81184;81185;81186;81187;81188;81189;81190;81204;81233;81234;81236;81237;81239;81271;81274;81284;81285;81286;81289;81305;81306;81312;81320;81329;81333;81336;81337;81343;81344;81345;81443;81518;81596;82642;83722	Medicaid
Temporary Codes	Q4186;Q4195;Q4196	Medicaid
Urinary	53854	Medicaid
Vision Services	V2531	Medicaid

IMPORTANT: This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at 313-324-3700 to arrange the return or destruction of the information and all copies.

www.mhplan.com

Outpatient Prior Authorizations

January 2020

ILLINOIS

If you have any questions or would like additional information, please contact your local Provider Network Development Representative or the Provider Services department at **888-773-2647**. We appreciate your partnership and service to our members.

Sincerely,

Meridian