

MERIDIAN HEALTH PLAN - Illinois Referral Guide

PHONE: 866-606-3700 | FAX: 312-980-0444

Services that DO NOT require a referral include:

- Long Acting Reversible Contraception (LARCs)
- Office visits to Meridian-contracted (in-network) providers
- Referrals to Meridian-contracted (in-network) Specialists
- Behavioral health outpatient services (first 20 visits)
- Chiropractic services (for members under 21 years of age)
- All outpatient/ambulatory services not listed in Appendix A

PRIOR AUTHORIZATION OVERVIEW

FHP/ACA	Meridian ICP	Meridian Complete	Meridian SNP	Meridian Prime
				

SERVICE:	PA REQUIRED?				
Acute Inpatient Admissions (Including Acute Rehab and LTAC)	Yes	Yes	Yes	Yes	Yes
Inpatient Mental Health and Substance Abuse	Yes	Yes	Yes	Yes	Yes
Skilled Nursing Facility	Yes	Yes	Yes	Yes	Yes
Partial Hospitalization	Yes	Yes	Yes	Yes	Yes
Intensive Outpatient Program	Yes	Yes	Yes	Yes	Yes
Residential Services	Yes	Yes	Yes	Yes	Yes
Electro Convulsive Treatment	Yes	Yes	Yes	Yes	Yes
Elective Inpatient Admissions	Yes	Yes	Yes	Yes	Yes
Behavioral Health Outpatient Services >20 visits	Yes	Yes	Yes	Yes	Yes
Ambulance Transportation Non-emergent	Yes	Yes	Yes	Yes	Yes
Elective Cesarean Sections	Yes	Yes	Yes	Yes	Yes
Dialysis	Notify Plan	Notify Plan	Notify Plan	Notify Plan	Notify Plan
Prenatal Care	Notify Plan	Notify Plan	Notify Plan	Notify Plan	Notify Plan
Deliveries	Notify Plan	Notify Plan	Notify Plan	Notify Plan	Notify Plan
Dental Anesthesia in Facility >6 years of age	Yes	Yes	Yes	Yes	Yes

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FHP/ACA	Meridian ICP	Meridian Complete	Meridian SNP	Meridian Prime
				

SERVICE:	PA REQUIRED?				
DME	Yes, >\$1,000	Yes, >\$1,000	Yes, >\$1,000	Yes, >\$1,000	Yes, >\$1,000
Assistive and Augmentive Communication	Yes	Yes	Yes	Yes	Yes
Enteral and Parenteral Services	Yes	Yes	Yes	Yes	Yes
Genetic Testing	Yes	Yes	Yes	Yes	Yes
Experimental and Investigational Procedures	Yes	Yes	Yes	Yes	Yes
Sterilization Procedures	Yes	Yes	Yes	Yes	Yes
Abortion	Yes	Yes	Yes	Yes	Yes
Hearing Aids	Yes	Yes	Yes	Yes	Yes
Home Health Care	Yes	Yes	Yes	Yes	Yes
Hospice Care	Yes	Yes	Yes	Yes	Yes
Home Infusion	Yes	Yes	Yes	Yes	Yes
Orthotics and Prosthetics	Yes	Yes	Yes	Yes	Yes
Services by an Out of Network Provider/Facility with the exception of: <ul style="list-style-type: none"> • Emergency Department services • Women's Health • Family Planning & Obstetrical Services • Child & Adolescent Health Center Services • Local Health Department (LHD) services • Other services based on state requirements 	Yes	Yes	Yes	Yes	Yes
Outpatient Surgeries/Procedures (Refer to Appendix A for select procedures)	Yes	Yes	Yes	Yes	Yes

PRIOR AUTHORIZATION OVERVIEW

FHP/ACA	Meridian ICP	Meridian Complete	Meridian SNP	Meridian Prime
				

SERVICE:	PA REQUIRED?				
Physical Therapy (excluding initial evaluation)	Yes	Yes	Yes	Yes	Yes
Speech Therapy (excluding initial evaluation)	Yes	Yes	Yes	Yes	Yes
Occupational Therapy (excluding initial evaluation)	Yes	Yes	Yes	Yes	Yes
Pulmonary and Cardiac Rehabilitation	Yes	Yes	Yes	Yes	Yes
Pain Management	Yes	Yes	Yes	Yes	Yes
Specialty Pharmacy (including chemotherapy and biologicals) MeridianRx is the PBM for all lines of business. Phone: 855-580-1688 Fax: 855-580-1695	Yes; visit www.meridianrx.com to review PA requirements	Yes; visit www.meridianrx.com to review PA requirements	Yes; visit www.meridianrx.com to review PA requirements	Yes; visit www.meridianrx.com to review PA requirements	Yes; visit www.meridianrx.com to review PA requirements
Radiation Therapy	Notify Plan	Notify Plan	Notify Plan	Notify Plan	Notify Plan
Transplants (including evaluation)	Yes	Yes	Yes	Yes	Yes
Weight Management (prior to bariatric surgery)	Yes	Yes	Yes	Yes	Yes
Nutritional Counseling	Yes	Yes	Yes	Yes	Yes
Wound Vac	Yes	Yes	Yes	Yes	Yes
Long Term Supports and Services, if waiver eligible (Refer to Appendix B)	N/A	Yes	Yes	N/A	N/A

Diabetic Testing Supplies: J&B Medical Supplies is the preferred provider and can be contacted at 800-737-0045

Behavioral Health Services: Please call 866-796-1167 or fax to 312-980-0443

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APPENDIX A: SELECT OUTPATIENT SURGERY/PROCEDURE CODES

Procedure	Code
Abdominoplasty (and removal of excess skin and fat from other areas), Panniculectomy, Suction Lipectomy, Lipoabdominoplasty & Ventral Hernia	15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17999
Hair Plugs	15778, 15775
Abortion/pregnancy termination	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, S0190, S2260, S2265, S2266, S2267, S0191, S0199- Medication to induce abortions
Back/neck surgery	22520, 22521, 22522, 22523, 22524, 22525, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 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, 22850, 22851, 22856, 22857, 22861, 22862, 22864, 22865, 22899, 62287, 62351, 62365, 62367, 62368, 62369, 62370, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63075, 63076, 63077, 63078, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 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, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63620, 63621, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 63710
Osteotomy of Spine including discectomy	22220, 22222, 22224, 22226, 20930, 20931
Bariatric surgery/gastric bypass	43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 48847, 43775, 43848, 43886, 43887, 43888, 43999
Lap Band Gastric Adjustment	S2083
Blepharoplasty (and repair of blepharoptosis)	11950, 11951, 11952, 11954, 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67999
Breast reconstruction (including, but not limited to: mammoplasty augmentation, breast implants)	11920, 11921, 11922, 11970, 11971, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499, L8020, L8039, L8600, S2066, S2067, S2068
Breast reduction	19316, 19318, 19300, 19304
Cochlear implantation/device	69714, 69715, 69717, 69718, 69799, 69930, 92640, S2235, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8627, L8628, L8629, 61875 (Neuro-stimulator), 69930 (L8614 Is included with this procedure code and needs to be reported when submitting claims)
Dermabrasion	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 17340, 17360, 17999 (Unlisted skin procedure)
Division of Fallopian Tube	58600, 58605, 58611, 58615
Dual Chamber pacemaker insertion	33208, 33202, 33203, 33206, 33207, 33213, 33214, 33215, 33216, 33218, 33220, 33221, 33222, 33223, 33224, 33225, 33226, 33227, 33228, 33229, 33231, 33234, 33235, 33236, 33237, 33238, 33240, 33241, 33217, 33249, 33230, 33263, 33264, 33282

APPENDIX A: SELECT OUTPATIENT SURGERY/PROCEDURE CODES

Procedure	Code
Ectopic pregnancy	59135, 59136, 59150, 59151
Gastric neurostimulator	64590, 64595, 43647, 43648, 43881, 43882 43999, 95980, 95981, 95982
Hysterectomy	51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58275, 58290, 58291, 58292, 58293, 58294, 58267, 58270, 58280, 58285, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58578, 58952, 58953, 58951, 58954, 58956, 59135, 59525
Hysteroscopy, sterilization	58565
Implantation of neurostimulator (SPINE ONLY)	63650, 63655, 63661, 63662, 63663, 63664, 63668, 63685, 64581
Laparoscopy, tubal cauterly/block	58670, 58671, 58679
Mastectomy for gynecomastia	19300
Multifetal pregnancy reduction	59866
Orthognathic surgery	21085, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21235, 58262, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995
Penile Implant/Prosthesis	54360, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417
Septoplasty/ Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30620, 30520
Scar excision/revision	15786, 15787, 31830
Varicose vein treatment/surgery	36468, 36469, 36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, S2202
Vasectomy, removal/ligation of sperm duct(s)	55250, 55450
Laparoscopy fundoplasty	43280, 43279
Laparoscopy para-esophageal hernia repair	43281
Esophagus surgery procedure	43499
Hip arthroplasty	27125, 27130, 27132, 27134, 27137, 27138
Hyperbaric Oxygen Therapy	99183
Video EEG	95951
Fertility tests	58340, 74740, 58345, 55350, 58350
Implant Neuroelectrodes	64553, 64555, 64566, 64561, 64565, 64569, 64570, 64575, 64580 64581, 64585, 61870, 64875, 61880, 61885, 61888, 61886, 64568
Ventral Hernia Repairs	49652, 49653, 49560, 49561, 49565, 49566, 49568
Photo chemotherapy for Psoriasis	96910, 96912, 96913, 96920, 96921, 96922, 96999
Cardiac Implant Recorder/ Loop Recorder	33282, 33284

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APPENDIX B: LONG TERM SUPPORTS AND SERVICES: ■ FHP/ACA, ■ ICP & ■ MMAI POPULATIONS

Waiver

Services*	Persons with Brain Injury	Persons with Disabilities	Persons who are Elderly	Persons with HIV/AIDS	Supportive Living Facilities
24 hour response/security staff					X
Adult day care	X	X	X	X	
Ancillary (transportation to group/ community activities, shopping, arranging outside services)					X
Behavioral services	X				
Day habilitation	X				
Environmental accessibility adaptations	X	X		X	
Health promotion and exercise					X
Home delivered meals	X	X		X	
Homemaker	X	X	X	X	
Housekeeping					X
Intermittent nursing					X
Laundry					X
Maintenance					X
Medication oversight and assistance with self-administration					X
Personal care (personal assistant)	X	X		X	X
Personal emergency response system	X	X	X		X
Physical, occupational and speech therapy	X	X		X	
Prevocational services	X				
Respite	X	X		X	
Skilled nursing and home health aide	X	X		X	
Social/recreational programming					X
Specialized medical equipment and supplies	X	X		X	
Supported employment services	X				
Transportation for employment				X	

*All services require prior authorization. Existing care plan service will not require authorization for first 180 days.