



## **Prior Authorization Rules for MeridianCare** (Michigan and Ohio)

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

### **Requires Prior Authorization:**

- Any service performed by an out-of-network provider will require plan prior authorization
- Bone Growth Stimulators
- Bone Mass Measurement
- Cardiac Rehabilitation Services
- Dental Services
  - Comprehensive dental coverage is only provided to MeridianCare members enrolled on the Meridian Extra plan
  - Comprehensive Dental Services include:
    - Endodontics
    - Extractions
    - Periodontics
    - Restorative services
- 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
  - Enhanced Disease Management
  - Weight Management Programs
- Hearing Aids
- Home Health Services
- 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 (Kidney disease education and dialysis treatments)
  - Inpatient and outpatient dialysis treatment
- Medicare Part B Prescription Drugs
- Non-Emergency Ambulance Transportation
- Occupational Therapy

- Outpatient Surgery and Procedures
  - Including services/surgeries performed in ambulatory surgical centers
- 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, computed tomography (CT) scans, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and positron emission tomography (PET) scans
    - Diagnostic procedures such as echocardiograms, scopic procedures, esophagogastroduodenoscopy (EGD), sleep studies and nerve conduction studies
    - Doppler Ultrasound of Extremity
    - Hyperbaric Therapy
    - Infertility Testing
    - Lab Services
    - Outpatient Rehabilitation Services
    - Pulmonary Stress Testing
    - Pulse Volume Recording
    - Therapeutic Radiology
    - Transcranial Ultrasound
    - Transthoracic Echocardiogram (TTE)
    - X-rays
- Pain Management Procedures
- Partial Hospitalization Services
- Physical Therapy
- Prosthetic Devices and related supplies (Prior authorization is only required for orders greater than \$500)
- Routine Maternity Care
- Skilled Nursing Facility Care
- Speech Therapy

**Does Not Require Prior Authorization:**

- Abdominal Aortic Aneurysm Screening
- Ambulance Services (emergent transportation only)
- 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
- Depression Screening
- Diabetes Screening
- Emergency Care
- Health and Wellness Education Programs
  - Health Education
  - 24/7 Nurse Hotline
  - Fitness Benefit
- 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

- Medical Nutrition Therapy
- Obesity Screening and Therapy to promote sustained weight loss
- Over-the-Counter (OTC) Items
  - The OTC benefit is only available for MeridianCare members enrolled in a Meridian Extra plan
- Preventive Dental Services (Oral Exams, Prophylaxis (Cleaning), Fluoride Treatment, Dental X-Rays)
- Prostate Cancer Screening Exams
- Pulmonary Rehabilitation Services
- Routine Hearing Visits
  - Routine Hearing Visits are not covered for MeridianCare members on the Meridian Easy plan
- 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)
- Urgently needed services
- Vision Care (eyewear and exams)
- Welcome to Medicare Preventive Visit

### **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, optometrist (for routine vision exams) and podiatrist.