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Post-Service Medical Necessity Appeals

Provider appeals, also known as medical necessity appeals, are related to authorization requests denied in whole or part for medical necessity. They are submitted post-service on the provider’s behalf. An authorization denial can result in a denied claim.

We will respond to appeals within 30 days of receipt. Please use this form to submit a post-service medical necessity appeal. All fields are required.

Service Type: Medical Behavioral Health Pharmacy

Authorization Number: _____

This number begins with an IP or an OP. Authorization must be denied or partially denied. If you do not have a denied authorization, you must file a claim dispute rather than a medical necessity appeal.

Provider Name:
Provider Tax ID:
Dates of Services:

Member Name:
Member RID Number:

Date:
Requestor name:
Requestor phone number:
Requestor email:

Please attach a copy of medical records as supporting documentation to demonstrate the medical necessity of services. Documentation is necessary for timely processing.

Submit Appeals to:

Centene Advanced Behavioral Health Services (CABH)	Medical Services	Pharmacy Services
Fax (preferred): 866-714-7991	Fax (preferred): 833-383-1503	Fax (preferred): 888-865-6531
Mail Meridian Appeals Coordinator P.O. Box 10378 Van Nuys, CA 91410-0378	Mail Meridian Attn: Post-Service Medical Necessity Appeals P.O. Box 4020 Farmington, MO 63640-4402	Mail MeridianRx Attn: Appeals & Grievance 1 Campus Martius, Suite 750 Detroit, MI 48226