

Illinois Meridian Phone: 877-941-0482 Fax: 844-409-5557

Member Name: SAUCEDO, MARIA D.

Member Date of Birth: 1/22/1961

Member ID: C0037787501

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To: Allan From: Medicare Authorization Department

Fax 773-205-6994

Date: 8/29/2024

Regarding: Lack of Clinical Information Regarding CPT Code: K0003

The requested service(s) is/are missing supporting clinical information:

- Face to face notes that support the need clinicals sent in are eligible
  - Home assessment

Please fax the most recent clinical information and all additional pertinent documentation to support the services/items requested within 24hr. Failure to provide the necessary clinical information may result in a delayed determination or unfavorable outcome.

Please feel free to contact us at the phone number above with any questions.

Thank you,

Utilization Management

## Notice of Dismissal of Coverage Request

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**Date:** 08/30/2024

**Enrollee's Name:** MARIA SAUCEDO

**Enrollee ID Number:** 6H61H27PX33

*Non-contract provider name, if applicable:*

Plan Name: MeridianComplete  
(Medicare-Medicaid Plan)

Phone: (TTY 711)

Fax:

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We dismissed the coverage request you filed on 08/26/2024.

We can't process your request because: the individual who requested it submitted a timely request to withdraw the request.

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### Do You Have Questions?

If you have questions about this notice, please contact MeridianComplete (Medicare-Medicaid Plan) at:

Toll Free Phone:

Days & hours of operation: From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

TTY Users Phone: 711

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**If you disagree with our decision to dismiss your coverage request, you have two options:**

1. If you think we have incorrectly dismissed your coverage request (for example, you are not in agreement with the service request being withdrawn), you may request that we review our dismissal. Your appeal must be received by us at:

MeridianComplete (Medicare-Medicaid Plan)  
Appeals & Grievances  
Medicare Operations  
7700 Forsyth Blvd  
St. Louis, MO 63105

within **60 calendar days** of the date of this dismissal notice. Include a copy of this *Notice of Dismissal of Coverage Request* along with any supporting information with your appeal and explain why you believe the dismissal was incorrect.

2. You may request that we vacate (set aside) the dismissal action. If we determine there is good cause to vacate the dismissal because you are not in agreement for services being withdrawn, we will vacate our dismissal and review your coverage request. Your request to vacate this dismissal must be received by our office at:

MeridianComplete (Medicare-Medicaid Plan)  
Appeals & Grievances  
Medicare Operations  
7700 Forsyth Blvd  
St. Louis, MO 63105

within **6 months** of the date of this notice. Include a copy of this *Notice of Dismissal of Coverage Request* along with any supporting information with your request.