

Services Requiring Prior Authorization Effective June 1, 2021 Assure Plans

Service Category	Services Details	Who to contact for Prior Authorization Review
General authorization	Services considered experimental, investigational, unproven or for research purposes. Including all CPT category III codes	Network Health at 866-709-0019 or 920-720-1602
Inpatient Services: medical, surgical, obstetrical, and behavioral and mental health services including:	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
	Long term acute care (LTAC)	
	Maternity - vaginal delivery and newborn stays over two days, Cesarean delivery and newborn stays over four days	
	Mental health/behavioral health/substance abuse	
	Neonatal intensive care unit (NICU)	
	Rehabilitation	
	Skilled nursing facility	
	Sub-acute, swing bed and transitional care	
Transplant Services	Solid organ and bone marrow/stem cell transplant services including evaluation and work up	Network Health at 866-709-0019 or 920-720-1602
Surgical	Implantable cardioverter-defibrillator insertion or replacement	Network Health at 866-709-0019 or 920-720-1602
procedures	Magnetic sphincter augmentation procedures for the treatment of GERD (LINX)	
	Orthognathic prognathic maxillofacial surgery	
	Temporomandibular joint disorder (TMD) surgical services	
	Transgender Surgery, Sex Reassignment surgery	
	Implantable pain pump insertion or replacement	eviCore at 855-727-7444 or myportal@evicore.com
	Implantable spinal neurostimulator insertion, revision or removal	
Cosmetic	Blepharoplasty, canthoplexy, canthoplasty and brow ptosis	Network Health at 866-709-0019 or 920-720-1602
Procedures	Botox injections	
including but not	Breast implant removal/replacement	
limited to:	Dermabrasion and chemical peel	
	Liposuction and lipectomy	
	Mammoplasty reduction or augmentation	
	Otoplasty	
	Panniculectomy, and other excess skin removal	
	Pectus excavatum repair	1
	Port wine stain removal	1
	Rhinoplasty, rhytidectomy	1
	Vein sclerosing and laser ablation	1
	Any other procedures potentially cosmetic in nature	

1/1/19-removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, hospice and life vests. Updated 2/1/19: Added eviCore medical oncology treatment and molecular genetic lab testing. Updated 5/1/19: ESI/CCUM for medications on medical benefit. Updated 1/1/20: removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants, continuous passive motion (CPM) devices. Increased the prosthetics dollar threshold to \$5,000. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 08/21-clarifications to PT/OT added

Durable Medical	Communication devices	Network Health at 866-709-0019 or
Equipment (DME)	Progressive stretch devices	920-720-1602
for use at home	Cranial orthotic	
	Hospital beds	
	Lymphedema pumps, garments, and pneumatic compression	
	Mobile cardiac outpatient telemetry - MCOT (outpatient heart	
	monitoring)	
	Orthotics over \$1,000 based on retail purchase price	
	Patient lifts (e.g. electric, Hoyer, hydraulic)	
	Power operated vehicles and scooters	
	Prosthetics over \$5,000 based on retail purchase price	
	Repairs or replacement of DME over \$500-based on retail purchase price	
	Seat lifts	
	Wheelchairs: manual, electric and customizations	
	Wheelchair accessories, including but not limited to, power	
	joystick control, power tiller control, power seat tilt, power	
	seat recline and power leg elevation.	'C + 055 707 7444
	DME: Pain pumps	eviCore at 855-727-7444 or myportal@evicore.com
		<u>myportan@evicore.com</u>
	DME: Electrical stimulation devices (spinal, neuromuscular,	
*Non omougant	bone growth, etc.) CT scans - all ambulatory computed tomography (CT)	eviCore at 855-727-7444 or
*Non-emergent services Prior	C1 scans - an amountary computed tomography (C1)	myportal@evicore.com
Authorization	Cardiac diagnostics including all ambulatory diagnostic	<u> </u>
through eviCore:	cardiac catheterizations, nuclear cardiology scans, stress	
	echocardiograms, transesophageal echocardiograms,	
*If any of these services are being	transthoracic echocardiograms	
performed as an	Cervical, lumbar and thoracic spine procedures/surgeries	
inpatient, the procedure requires	Interventional pain injections and procedures	
auth through eviCore and the inpatient hospitalization through Network Health	DME: Electrical stimulation devices (spinal, neuromuscular,	
	bone growth, etc.)	_
	DME: Pain pumps	
	MRI scans: All ambulatory magnetic resonance imaging	
	MRA scans: All ambulatory magnetic resonance angiography	
	PET scans: All ambulatory positron emission tomography	
	Medical Oncology Services	
	Molecular Genetic Lab Testing	
	Outpatient radiation oncology treatments	
	Shoulder, hip and knee procedures	
	Physical Therapy and Occupational Therapy (outpatient, as well as	1
	in the home setting & therapy in a SNF provided as outpatient) **eff 6/1/21	
	Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy) **eff 7/1/21	

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Other Procedures and Services	Ambulance transfers - facility to facility and/or non-emergent ambulance transfer Dental care in a hospital or ambulatory surgical center Skin Substitute products- application and use	Network Health at 866-709-0019 or 920-720-1602
	Certain medications under your medical benefit	Phone 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal www.express-path.com

All outpatient medications should be directed to Express Scripts/CCUM at

Phone 877-787-8705 **Fax:** 877-860-8866

Online: ExpressPath portal www.express-path.com

When requesting authorization, please provide the CPT, HCPCS, and/or revenue code appropriate for the planned service.

Whether Network Health is the primary, secondary or tertiary insurer, authorization procedures must be followed to receive coverage.

Authorization is not a guarantee of payment. Claims will be denied if they do not meet with all the terms and provisions of the effective coverage document. Actual benefits will be determined when the claim or bill is submitted to Network Health.

Certain services are directly excluded from coverage under the covered person's SPD and will be reviewed when a claim is submitted to determine benefit availability and claim payment. Post service claims may be reviewed for medical necessity.

CONTACT INFORMATION:

Assure Commercial Customer Service for benefits and eligibility.

Phone: 844-300-5537 or 920-720-1370

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