



**Services Requiring Prior Authorization
Effective June 1, 2021
Health Insurance Exchange (HIX)**

Service category	Service 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 admissions	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
	Long term acute care (LTAC)	
	Maternity—vaginal delivery stays over two days; Cesarean delivery stays over four days	
	Mental health/substance abuse and/or residential treatment	
	Neonatal intensive care unit (NICU)	
	Rehabilitation	
	Skilled nursing facility (SNF)	
	Swing bed/sub-acute hospital/transitional care	
Outpatient services from eviCore: *If any of these services are being performed as an inpatient, the procedure requires auth through eviCore and the inpatient hospitalization through Network Health	Cardiac diagnostics including: diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transesophageal echocardiograms, transthoracic echocardiograms	eviCore at 855-727-7444 or myportal@evicore.com
	Computed tomography (CT) scans	
	Cervical, lumbar and thoracic spine surgeries	
	Interventional pain injections and procedures	
	Magnetic resonance imaging (MRI) scans	
	Magnetic resonance angiography (MRA) scans	
	Nuclear cardiology studies	
	Positron emission tomography (PET) scans	
	Molecular genetic lab testing	
	Medical oncology	
	Radiation oncology treatments	
	Shoulder, hip and knee procedures	
	DME: Electrical stimulation devices (spinal)	
	DME: Pain pumps	
	Physical Therapy and Occupational Therapy (outpatient, as well as in the home & therapy in a SNF provided as outpatient) **eff 6/1/21	
	Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy) **eff 7/1/21	

Updated 1/1/19- removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, home health care and life vests. 2/1/19- added Molecular genetic lab testing and medical oncology services under eviCore prior auth requirements. 3/13/19- clarified stimulators and where review takes place. 5/1/19- added CCUM. 1/1/2020 removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants, continuous passive motion (CPM) devices; Added accidental dental services. Increased the prosthetics dollar threshold to \$5,000. 2/1/2020 –Removed hospice services. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 8/21-clarifications to PT/OT added

Transplant services	Solid organ and bone marrow/stem cell transplant services, including evaluation, work-up and surgeries.	Network Health at 866-709-0019 or 920-720-1602
Other surgery	Implantable pain pump insertion or replacement	eviCore at 855-727-7444 or myportal@evicore.com
	Implantable spinal neurostimulator insertion, revision or removal	
	Implantable cardioverter-defibrillator insertion or replacement	Network Health at 866-709-0019 or 920-720-1602
	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	
Cosmetic procedures, including, butnot limited to:	Blepharoplasty, canthoplexy, canthoplasty and brow ptosis	Network Health at 866-709-0019 or 920-720-1602
	Botox injections	
	Breast implant removal/replacement	
	Dermabrasion and chemical peel	
	Liposuction and lipectomy	
	Mammoplasty reduction or augmentation	
	Otoplasty	
	Panniculectomy and other excess skin removal	
	Pectus excavatum repair	
	Port wine stain removal	
	Rhinoplasty, rhytidectomy	
	Vein sclerosing and laser ablation	
	Services that could be considered cosmetic	
Durable medical equipment (DME) for use at home:	Communication devices	Network Health at 866-709-0019 or 920-720-1602
	Progressive stretch devices	
	Cranial orthotics	
	Hospital beds	
	Lymphedema pumps, garments and pneumatic compression	
	Mobile cardiac outpatient telemetry (MCOT) (a.k.a. outpatient heart monitoring)	
	Orthotics over \$1,000 based on retail purchase price	

Updated 1/1/19- removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, home health care and life vests. 2/1/19- added Molecular genetic lab testing and medical oncology services under eviCore prior auth requirements. 3/13/19- clarified stimulators and where review takes place. 5/1/19- added CCUM. 1/1/2020 removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants, continuous passive motion (CPM) devices; Added accidental dental services. Increased the prosthetics dollar threshold to \$5,000. 2/1/2020 –Removed hospice services. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 8/21-clarifications to PT/OT added

DME for use at home (cont.):	Patient lifts (e.g., electric, Hoyer, hydraulic)	Network Health at 866-709-0019 or 920-720-1602
	Power operated vehicles and scooters	
	Prosthetics over \$5,000 based on retail purchase price	
	Repairs or replacement of DME over \$1,500 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.	
	Bone growth stimulators	
	Neuromuscular stimulators for bowel and urinary conditions	
Other services	Facility-to-facility and/or non-emergent ambulance transfers	Network Health at 866-709-0019 or 920-720-1602
	Accidental Dental services	
	Hospital or ambulatory surgery center charges in conjunction with dental care	
	Skin Substitutes products- application and use	
	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

For 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.

All services must be medically necessary. Certain services are directly excluded from coverage under the various coverage documents (e.g., bariatric surgery, mental health transitional care and acupuncture, etc.) and will be reviewed when a claim is submitted to determine benefit availability and claim payment.

Updated 1/1/19- removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, home health care and life vests. 2/1/19- added Molecular genetic lab testing and medical oncology services under eviCore prior auth requirements. 3/13/19- clarified stimulators and where review takes place. 5/1/19- added CCUM. 1/1/2020 removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants, continuous passive motion (CPM) devices; Added accidental dental services. Increased the prosthetics dollar threshold to \$5,000. 2/1/2020 –Removed hospice services. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 8/21-clarifications to PT/OT added

2180-05-0821

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.

Network Health reserves the right to review all claims for medical necessity.

CONTACT INFORMATION:

Individual and Family Plan customer service for benefits and eligibility.

Phone: 855-275-1400 or 920-720-1400

Health Insurance Exchange (HIX) customer service for benefits and eligibility.

Phone: 855-275-1400 or 920-720-1400

Our new provider portal is now live! For 24/7 access to view benefits and eligibility, submit online authorization requests and more, please register at <https://login.networkhealth.com>.

Updated 1/1/19- removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, home health care and life vests. 2/1/19- added Molecular genetic lab testing and medical oncology services under eviCore prior auth requirements. 3/13/19- clarified stimulators and where review takes place. 5/1/19- added CCUM. 1/1/2020 removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants, continuous passive motion (CPM) devices; Added accidental dental services. Increased the prosthetics dollar threshold to \$5,000. 2/1/2020 –Removed hospice services. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 8/21-clarifications to PT/OT added

2180-05-0821