



**Services Requiring Authorization
Effective January 1, 2018
Medicare Advantage PPO**

The following services rendered by participating providers require prior authorization.

Service Category	Service Details	Who to contact for Prior Authorization Review
Inpatient admissions	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
	Mental health/substance abuse	
	Rehabilitation	
	Skilled nursing facility stays	
	Swing bed /sub-acute hospital/transitional care	
Outpatient services from eviCore:	Cardiac diagnostics including diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transesophageal echocardiograms, transthoracic echocardiograms	eviCore at 855-727-7444 or myportal@evicore.com
	CT scans	
	Cervical, lumbar and thoracic spine surgeries	
	Implantable pain pump insertion or replacement procedures	
	Implantable spinal neurostimulator insertion, revision or removal procedures	
	Interventional pain injections and procedures	
	MRI scans	
	MRA scans	
	Nuclear cardiology studies	
	PET scans	
	Radiation oncology treatments	
	Shoulder, hip and knee procedures	
	DME: Electrical stimulation devices (spinal, neuromuscular, bone growth, etc.)	
	DME: Pain pumps	
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	Bariatric surgery	Network Health at 866-709-0019 or 920-720-1602
	Deep brain stimulators	
	Dermabrasion and chemical peel	
	Total ankle replacement surgery	
	TMD surgical services	
Other surgery cont.	Uvulopalatopharyngoplasty, UPPP, SRUP, RAUP, LAUP, RFTVR (surgery for sleep apnea)	Network Health at 866-709-0019 or 920-720-1602

Updated 1/1/2018—Removed authorization requirements for infusion pumps, feeding pumps, chemo pumps, knee caddy, TENS, benign skin lesions, gel cushions/Roho, traction, CPM, cold compression/combinations.

Cosmetic procedures, including but not limited to:	Blepharoplasty, canthoplexy canthoplasty and brow ptosis	Network Health at 866-709-0019 or 920-720-1602
	Botox injections	
	Breast implant removal/replacement	
	LeFort procedure	
	Liposuction and lipectomy	
	Mammoplasty reduction or augmentation	
	Otoplasty	
	Panniculectomy and other excess skin removal	
	Rhinoplasty, rhytidectomy, septoplasty	
	Vein sclerosing and laser ablation	
	Services that could be considered cosmetic	
Durable Medical Equipment (DME)	Automated external defibrillators, wearable cardioverters/defibrillators	Network Health at 866-709-0019 or 920-720-1602
	Continuous glucose monitoring devices	
	CPAP/BiPAP/AutoPAP/V-PAP devices	
	Electrical and functional electrical stimulators; electrical stimulation devices (spinal, neuromuscular, bone growth, etc.)	eviCore at 855-727-7444 or myportal@evicore.com
	Hospital beds	Network Health at 866-709-0019 or 920-720-1602
	Insulin pumps	
	Lymphedema pumps, garments and pneumatic compression	
	Wheelchairs: manual, electric and customizations	
	Mattresses: specialty mattresses including alternating pressure and low air loss mattress/mattress systems	
	Neuromuscular stimulators for bowel and urinary conditions	
	Orthotics and prosthetics over \$750 based on Medicare Fee Schedule purchase allowable amount; if not Medicare Fee Schedule amount identified, then retail purchase price)	
	Patient lifts (e.g. electric, Hoyer, hydraulic or requiring home modification)	
	Power operated vehicles and scooters	
	Seat lifts	
	Ventilators	
	DME: Electrical stimulation devices (spinal, neuromuscular, bone growth, etc.)	eviCore at 855-727-7444 or myportal@evicore.com
	DME: Pain pumps	
Outpatient behavioral health services	Residential mental health treatment	Network Health at 866-709-0019 or 920-720-1602
	Residential Substance Abuse treatment	
Services requiring NOTIFICATION ONLY	**Outpatient chemotherapy drugs for cancer diagnosis given in an ambulatory setting, non-emergent injectable	Pre-service notification is required. Network Health at 866-709-0019 or 920-720-1602

Updated 1/1/2018—Removed authorization requirements for infusion pumps, feeding pumps, chemo pumps, knee caddy, TENS, benign skin lesions, gel cushions/Roho, traction, CPM, cold compression/combinations.

****Pre-service notification is required for outpatient chemotherapy services and will be denied if prior notification is not received. In addition, Network Health reserves the right for medical necessity review for outpatient chemotherapy post claim.**

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.

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.

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:

Medicare Advantage utilization management for authorization.

Phone: 866-709-0019 or 920-720-1602

Fax: 920-720-1916

Medicare Advantage customer service for benefits and eligibility.

Phone: 800-378-5234 or 920-720-1345