



Services Requiring Prior Authorization

Effective June 1, 2020

Medicare Advantage HMO

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 (SNF) stays	
	Swing bed /sub-acute hospital/transitional care	
Outpatient services from eviCore:	Interventional pain injections and procedures	eviCore at 855-727-7444 or myportal@evicore.com
	Implantable pain pump insertion or replacement procedures	
	Molecular genetic lab testing	
	Medical oncology	
	Radiation oncology treatments	
	Shoulder, hip and knee procedures	
	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	
	Implantable cardioverter-defibrillator insertion or replacement	
	Temporomandibular joint disorder (TMD) surgical services	
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	
Cosmetic procedures, including but not limited to (cont.):	Breast implant removal/replacement	Network Health at 866-709-0019 or 920-720-1602

1/1/2019- new HMO offering. 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
 7/1/2019 Removed eviCore Cardiology and Spine programs. 1/1/2020 removed ventilators, insulin pumps and CGM. Added Wheelchair accessories; Increased the prosthetics dollar threshold to \$5,000.
 6/01/20 Removed eviCore Radiology Advanced Imaging Program (MRI, CT, MRA and PET scans).

	Dermabrasion and chemical peel LeFort procedure Liposuction and lipectomy Mammoplasty reduction or augmentation Otoplasty Panniculectomy and other excess skin removal Rhinoplasty, rhytidectomy Vein sclerosing and laser ablation Services that could be considered cosmetic	
Durable Medical Equipment (DME)	CPAP/BiPAP/AutoPAP/V-PAP sleep apnea devices	Network Health at 866-709-0019 or 920-720-1602
	Hospital beds	
	Lymphedema pumps, garments and pneumatic compression	
	Neuromuscular stimulators for bowel and urinary conditions	
	Wheelchair accessories, including but not limited to power joystick control, power tiller control, power seat tilt, power seat recline and power leg elevation.	
	Wheelchairs: manual, electric and customizations	
	Bone growth stimulators	
	Orthotics 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)	
	Prosthetics over \$5,000 (based on Medicare Fee Schedule purchase allowable amount; if not Medicare Fee Schedule amount identified, then retail purchase price)	
	Power operated vehicles and scooters	
	Seat lifts	
Other services	All non-urgent or emergent services taking place or scheduled to take place in a contiguous state (Illinois, Minnesota, Michigan and Iowa).	Network Health at 866-709-0019 or 920-720-1602
	Skin Substitute 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

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All outpatient medications should be directed to 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.

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

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>.

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