

Services Requiring Prior Authorization Effective June 1, 2021 Commercial Fully Insured Group Membership

| 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) | |
| | $Maternity - waginal \ delivery \ stays \ over \ two \ days; Cesare and elivery \ stays \ over \ four \ days$ | |
| | 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 | Cardiac diagnostics including: diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transesophageal echocardiograms, transthoracic echocardiograms | eviCore at 855-727-7444 or myportal@evicore.com |
| being performed as an inpatient, | Computed tomography (CT) scans | |
| the procedure requires auth through eviCore and the inpatient hospitalization through Network Health | 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 and Occupational Therapy (outpatient, as well as in the home setting) | |
| | Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy) ***eff 7/1/21 | |

| 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 <u>myportal@evicore.com</u> |
| | Implantable spinal neurostimulator insertion, revision orremoval | |
| | Magnetic sphincter augmentation procedures for the treatment of GERD (LINX) | Network Health at 866-709-0019 or 920-720-1602 |
| | Implantable cardioverter-defibrillator insertion or replacement | |
| | Orthognathic prognathic maxillofacial surgery | |
| | Temporomandibular joint disorder (TMD) surgical services | - |
| | Transgender surgery; sex reassignment surgery | |
| 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 | |
| | 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 | - |
| | Communication devices | Network Health at 866-709-0019 |
| Durable medical equipment (DME)for | | or 920-720-1602 |
| home use: | Progressive stretch devices | |
| | Cranial orthotics | |
| | Hospital beds | - |
| | 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. | |
| | Mobile cardiac outpatient telemetry | 1 |
| | (MCOT)(a.k.a. outpatient heart monitoring) | |
| | Orthotics over \$1,000 based on retail purchase price | |

| DME for home use (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 | |
| | Lymphedema pumps, garments and pneumatic compression | |
| | Bone growth stimulators | _ |
| | Neuromuscular stimulators for bowel and urinary conditions | - |
| Other services | Acupuncture | Network Health at 866-709-0019 or 920-720-1602 |
| | Dental care for accidents | 01 920 720 1002 |
| | Facility-to-facility and/or non-emergent ambulance transfers | _ |
| | Hospital or ambulatory surgery center charges in conjunction with dental care | - |
| | 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 |

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

Phone 877-787-8705 Fax: 877-860-8866 Online: ExpressPath portal <u>www.express-path.com</u>

For authorizations, 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:

Commercial care management for medical service authorizations. Phone: 800-236-0208 or 920-720-1600 Fax: 920-720-1903

Commercial behavioral health care management for AODA and mental health authorization. Phone: 800-555-3616 or 920-720-1340 Fax: 920-720-1903

Commercial customer service for benefits and eligibility. Phone: 800-826-0940 or 920-720-1300

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 <u>https://login.networkhealth.com</u>.