

Services Requiring Prior Authorization Effective January 1, 2026

Network Health and Horizon Home Health & Hospice Self-Insured Plans

Service category	Service details	Who to contact for prior authorization review
General	Services considered experimental, investigational, unproved or for	Network Health at 866-709-0019 or
authorization	research purposes, including all CPT category III codes	920-720-1602
Inpatient services:	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
medical surgical,	Long term acute care (LTAC)	
obstetrical, and	Maternity – vaginal delivery and newborn stays over two days;]
behavioral and	Cesarean delivery and newborn stays over four days	
mental health	Mental health/behavioral health/substance abuse	
services, including:	Neonatal intensive care unit (NICU)	
	Rehabilitation	
	Skilled nursing facility (SNF)	
	Sub-acute, swing bed and transitional care	
Transplant	Solid organ and bone marrow/stem cell transplant services	Network Health at 866-709-0019 or
services	including evaluation and work-up	920-720-1602
Surgical	Magnetic sphincter augmentation procedures for the treatment of	Network Health at 866-709-0019 or
procedures	GERD (LINX)	920-720-1602
	Orthognathic prognathic maxillofacial surgery	
	Temporomandibular joint disorder (TMD) surgical services	_
	Transgender Surgery, Sex Reassignment Surgery	
	Bariatric (weight loss) procedures	
Cosmetic	Botox injections (auth required through CCUM)	Network Health at 866-709-0019 or
procedures	Breast implant removal/replacement	920-720-1602
including, but not	Dermabrasion and chemical peel	
limited to:	Liposuction and lipectomy	
	Mammoplasty reduction or augmentation	
	Otoplasty	
	Panniculectomy and other excess skin removal	
	Pectus excavatum repair	
	Port wine stain removal	
	Rhinoplasty, rhytidectomy	
	Any other procedures potentially cosmetic in nature	
Durable medical	Communication Devices	Network Health at 866-709-0019 or
equipment (DME)	Continuous passive motion (CPM) and progressive stretch devices	920-720-1602
	Cranial orthotic	_
	Hospital beds	_
	Lymphedema pumps, garments, and pneumatic compression	_
	Mobile cardiac outpatient telemetry (MCOT)	
	(a.k.a. outpatient heart monitoring)	1
	Orthotics – please refer to Authorization Lists by Code	_
	Patient lifts (e.g., electric, Hoyer, hydraulic)	_
	Power operated vehicles and scooters	_
	Prosthetics – please refer to <u>Authorization Lists by Code</u>	_
	Repairs or replacement of DME over \$1,500 based on retail	
	purchase price excludes PAP devices	-
	Seat lifts	-
	Wheelchairs: manual, electric and customizations (K0001-K0004	
	do not require auth until rental month 4 or day 91 (KJ modifier	
	required))	

	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 (if used for spine, EviCore reviews)	
	Neuromuscular stimulators for bowel and bladder conditions	
	Deep brain stimulators	
	Continuous Glucose Monitors (CGMs)	www.covermymeds.health
Non-emergent	All ambulatory computed tomography (CT) scans	EviCore at 855-727-7444 or
services prior	Cardiac diagnostics, including diagnostic cardiac catheterizations,	www.evicore.com
authorization	nuclear cardiology scans, stress echocardiograms	
through	CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy)	
EviCore	Cervical, lumbar, and thoracic spine procedures/surgeries	
	Interventional pain injections and procedures	
*if any of these services	DME: Electrical stimulation devices (spinal)	
are being performed as an	DME: Pain pumps	1
inpatient, the procedure	All ambulatory magnetic resonance imaging (MRI) scans	1
requires auth through EviCore and the inpatient	All ambulatory magnetic resonance angiography (MRA) scans	
hospitalization through	All ambulatory positron emission tomography (PET) scans	1
Network Health	Molecular genetic lab testing	1
	Medical oncology	1
	Radiation oncology treatments	7
	Shoulder, hip, and knee procedures	7
	Physical Therapy and Occupational Therapy (outpatient as well as	1
	in the home & therapy in a SNF provided as outpatient)	
	Gastroenterology (EGDs, Capsule Endoscopy, non-preventive	1
	colonoscopy)	
	Peripheral vascular disease (diagnosis and treatment)	1
Other procedures	Acupuncture	Network Health at 866-709-0019 or
and services:	Dental care for accidents	920-720-1602
	Dental care in a hospital or ambulatory surgical center	7
	Skin Substitute products-application and use	1
	Certain medications under your medical benefits	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.

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 summary plan description (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.

You can find a list of authorization changes in the authorization information section of the provider resources page on www.networkhealth.com

CONTACT INFORMATION:

Utilization Management for prior authorizations:

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

Fax: 920-720-1916

Member Experience for benefits and eligibility.

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

For 24/7 access to view benefits and eligibility, submit online authorization requests and more, register and use our provider portal at login.networkhealth.com.