

Population Health Authorization Request Form

Please fax, email or mail completed form to Utilization Management for processing.



- Fax: 920-720-1916
- Secure Email: pophealthutiliza@networkhealth.com
- Mail: Network Health, Attn: Utilization Management Department, 1570 Midway Pl., Menasha, WI 54952
- Requests can be completed online via our Provider Portal iExchange at <https://login.networkhealth.com>

Request must include related records that support the medical necessity of service(s): notes, labs, diagnostics, plan of care, etc. Requests received without records may be sent back or denied for information.

Today's Date: _____

Form Filled Out By: _____

Contact Phone: _____

Contact Fax: _____

Section A: Patient Information

Member Name: _____ Member ID#: _____

Date of Birth: _____ Plan: Medicare Commercial/ACA TPA

Section B: Request Type

Urgent (state reason why): _____

Inpatient Admission:

- Acute/ER
- Transplant
- Planned/Scheduled
- Rehabilitation
- Skilled Nursing Facility
- Long Term Acute Care

Behavioral Health/AODA:

- Inpatient
- Residential
- Outpatient
- Intensive Outpatient
- Partial Hospital

Outpatient:

- Durable Medical Equipment
- Home Health Care
- Outpatient Procedure
- Genetic Testing
- Other: _____

Section C: Service Information

CPT (Procedure) Code(s): _____

Additionally, please complete section F for DME and complete section G for home health requests.

ICD-10 (Diagnosis) Code(s): _____

Start Date of Service: _____ End Date of Service: _____

Number of initial sessions requested: _____ If applies, number of additional sessions requested: _____

New episode of care? Yes No If No, what is the original authorization#: _____

Indicate here if OK to withdraw the request if no authorization is required: Yes No (process request as pre-d)

Section D: Ordering Provider Information

Physician Name: _____ NPI: _____

Phone: _____ Fax: _____

Section E: Servicing Provider Information

Physician/Facility Name: _____ NPI: _____

Phone: _____ Fax: _____

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Section F: Additional Durable Medical Equipment Details

HCPC Code	Retail Purchase Price	Quantity	Purchase	Rental	Repair	Replacement
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G: Additional Home Health Details

	SW	RN	ST	HHA
Quantity				
CPT Code(s)				
Indicate here if OK to amend to MCG recommended number of visits for home health requests:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section H: Additional Comments

Prior Authorization requests are required by the health plan, per the member's coverage document. Failure to obtain prior authorization may result in a penalty. A complete list of services requiring prior authorization can be found at <https://networkhealth.com/provider-resources/authorization-information>.

Pre-determination requests are not required by the health plan. These are advanced coverage requests for services done as a courtesy to the provider or member. For specific coverage or benefit questions, please contact member experience at the number located on the back of the member's ID card.

Prior authorization and pre-determination decisions are not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan policy at the time services are received. This includes provider network status.

Please note decision timelines can be found at networkhealth.com/assets/pdf/provider-resources/authorization-information/authorization-request-timelines-requirements.pdf.

Network Health Utilization Management Department

Phone: 920-720-1602, Toll-free 866-709-0019 | Fax: 920-720-1916

Secure Email: pophealthutiliza@networkhealth.com

Business Hours: Monday-Friday, 8 a.m. to 5 p.m.