Network Health
Utilization Management
Participating Provider Authorization Request Timeframes
Updated November 2026

Participating providers are required to submit prior authorization requests within the timeframes below. If these timeframes are not followed, your request will not be reviewed for medical necessity and an administrative denial will be issued. If the primary service is not authorized, NH reserves the right to deny your entire claim.

Please submit all authorization requests to Network Health's Utilization Management department via TapestryLink. If needed, phone and fax numbers are outlined below.	
Fax	920-720-1916
Telephone	920-720-1602

Service Requested	Provider Timeframe for Submitting Authorization Request to Network Health	Maximum Regulatory Turn-around Time	Network Health's Usual Turn-around Timeframe
• Urgent or emergent acute hospital admissions for commercial and Medicare, including admissions for inpatient chemotherapy administration and drug loading. • All inpatient concurrent reviews	Within one business day of admission or concurrent needs	Three calendar days for concurrent reviews.	Two business days.
• Skilled-nursing facility (SNF) admission or readmission • All SNF concurrent reviews	At least one business day before admission or readmission to the SNF; no later than within one business day after admission with documentation to substantiate reasoning for the post-admission request. Within one business day of concurrent needs.	7 calendar days within receipt of admission request (MA and commercial). Three calendar days within receipt of concurrent request for all lines of business.	Within one calendar day for admission requests, two calendar days for concurrent requests.

• Inpatient procedures on the Medicare Inpatient Only List *see below • Elective procedures or admissions that are not on the Medicare Inpatient Only list (inpatient, outpatient or ambulatory, including but not limited to all services requested through EviCore) *Exception: admissions for inpatient chemotherapy administration or drug loading admissions (e.g. Tikosyn)	At least seven calendar days prior to scheduled admission or procedure.	7 calendar days within receipt of request for standard requests, 72 hours for urgent requests.	Five business days within receipt of request.
• Outpatient services, durable medical equipment, orthotics, prosthetics, home health care (for the plans that require auth), outpatient therapy and acupuncture (commercial only)	Within seven calendar days of the first date of service or equipment being provided. Extensions: Prior to exhaustion of approved dates of service or approved number of units.		
• Medical drug requests (not through the pharmacy), including oncology medications requested through EviCore and medical drugs requested through CareContinuum	Within seven calendar days of the scheduled date of administration.	24 hours within receipt of request for urgent requests and, 72 hours for standard requests (Medicare). Three calendar days for urgent requests and 14 calendar days for standard requests (commercial).	Two business days within receipt of request.
• Experimental/Investigational services (commercial only)	Within seven calendar days of the first date of service.	5 business days within receipt of request for standard requests, 72 hours for urgent requests.	Four business days within receipt of request.

When an authorization request is approved, providers receive written notification of the approval including an authorization identification number(s). An authorization approval identification number is needed to process associated claims but is not a guarantee of payment of such claims. Please ensure you have an approved authorization identification number on file prior to submitting any claims for services that require authorization.

If an authorization request is submitted before a service is rendered and is not approved (i.e., is denied), written notification is sent to the member and the provider. If the member chooses to proceed with the service, the member may be responsible for paying the associated claim(s). Providers also receive written notification when post-service (retrospective) authorization requests are not approved.

Network Health provides care management services for members needing assistance with transition of care upon discharge. The staff providing care management services is independent from the utilization management staff, therefore please ensure all authorization requests are made through the utilization management department via the above process (notifying Network Health of a member's discharge date is not considered a request for authorization).

*If a MEDICARE inpatient admission results in the completion of a procedure on the Medicare Inpatient Only List, whether the admission is urgent/emergent or elective and isn't made within the above referenced timeframes but is made within one business day of discharge or completion of the procedure, Network Health will review the request for medical necessity. eviCore will review requests submitted to them if the request is made within seven business days of the study's completion and clinical criteria are satisfied, this includes CPT code changes and/or updates.

When an authorization request is received after a service is rendered, the request is considered a retrospective authorization request. The maximum regulatory timeframe for a health plan to make a retrospective determination is 30 days. When retrospective service requests do not meet medical necessity criteria, the provider is at financial risk. To limit your risk, please attempt to submit authorization requests prior to performing the service.

Exceptions are made to the above timeframes when providers submit documentation of circumstances occurring outside of their control which prevented them from requesting authorization within those timeframes.

Unless noted in the list, the required time frames are for both commercial and Medicare products.

Network Health business hours are 8 am-5 pm Monday through Friday. Network Health is closed in recognition of the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve and Christmas Day.