

July 2025



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### **Changes to Prior Authorization Requirements for Orthotics and Prosthetics Effective August 1, 2025**

Effective August 1, 2025, prior authorization requirements for orthotics and prosthetics will no longer be based on a specific dollar amount or fee schedule threshold. Instead, if a code for an orthotic or prosthetic device is listed as requiring prior authorization, it must be submitted to the Network Health Utilization Management department for review.

You can find a list of all services requiring prior authorization online on [our website here](#).

Please forward this information to those within your facility who will need to follow these processes. For prior authorization requests or questions, contact our population health department Monday through Friday; 8 a.m. to 5 p.m.

They can be reached at 920-720-1602 or 866-709-0019.

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### **CPT and HCPCS Code Updates**

Quarterly, the American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare and Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

There are new codes that will require prior authorization and these services fall within our current authorization, experimental and/or genetic review processes. You can find a

list of all services requiring prior authorization on [our website](#).

If you have specific questions regarding a service, please contact our customer service or health management teams for assistance. For more information about authorization requirements, forms or services that require review under the experimental and/or genetic process visit the [Provider Authorization Information section of our website](#).

Please forward this information to those within your facility who will need to follow these processes. For prior authorization requests or questions, contact our population health department Monday through Friday; 8 a.m. to 5 p.m.

They can be reached at 920-720-1602 or 866-709-0019.

Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone needing these services should call 800-947-3529. All callers may leave a message 24 hours a day, seven days a week.

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### **Update to Provider Selection in EviCore Authorization Platform – Effective September 1, 2025**

Effective September 1, 2025, EviCore will automate its individual provider and facility selection options to include only active/ billable providers and facilities. As a result, expect the following.

- This automation will streamline the authorization-to-claims process and ensure accurate claims processing.
- Some provider and facility options you've used previously may no longer appear during the authorization process. This is because they are not connected to an active billable provider or facility and have been termed.

If you have questions or encounter issues regarding provider or facility availability, please contact our Member Experience Team.

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### **Froedtert/Holy Family TPA Plan Reminders**

- Providers that have a Commercial contract are also participating under the Froedtert/Holy Family TPA Plan
  - The secure provider portal (Jordan please add this link) <https://login.networkhealth.com/account-creation#ProviderTab> is now available for submitting medical record review requests and provider dispute reviews. Please note that effective August 1, 2025, any disputes not submitted through the Provider Portal will be returned to the provider without review.
  - Providers may contact our TPA Member Experience team at 844-532-5200.
  - The TPA Payer ID for electronic claims submissions is 22344.
  - Paper claim submissions can be sent to PO Box 568, Menasha WI 54952.
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### **Appointment Access Requirements**

As a reminder, as part of our NCQA accreditation, our providers must meet the following appointment access times in order for us to maintain our accreditation. Here are the appointment access standards that must be met.

#### **For Primary Care Services**

1. Regular or routine care within 60 days of request
2. Urgent care appointment within 48 hours of request

#### **For Specialist Services**

1. Care within 30 days of the request
2. Non-life threatening, urgent appointment within 48 hours of request

#### **For Behavioral Health Services**

1. Non-life-threatening emergency within 6 hours of request
2. Urgent care appointment within 48 hours of request
3. Initial visit for routine care within 10 business days of request
4. Follow up appointment for a routine care visit within 30 days of request

Additionally, you must have an answering service, on-call provider, or message to direct patients to the emergency room for after-hours calls.

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### **Provider Resources for New and Existing Providers**

- Member's Rights and Responsibilities
  - Prior Authorization Requirements
  - Payment Policies and Procedures
  - Appointment Access Standards (Network Management policy)
  - Population Health Standards and Initiatives
  - Pharmacy Formulary and Authorization Requirements
  - Credentialing Policies and Procedures [You can find all the information here.](#)
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### **MDPP Elevator Speech**

Nearly half of American adults aged 65 or older have prediabetes. Without weight loss or routine moderate physical activity, many of them will develop type 2 diabetes within a few years. People with prediabetes are also at higher risk of having a heart attack and stroke. [The Medicare Diabetes Prevention Program \(MDPP\)](#), offered by Network Health, can help make lasting changes to prevent type 2 diabetes and improve overall health. The program is free for participants who are enrolled in Medicare or Medicare Advantage plans and it is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is backed by years of research showing that program participants aged 60 and older can cut their risk of type 2 diabetes by 71 percent—by losing weight, eating better, and being more active.

Participants will receive a full year of support from a lifestyle coach and peers with similar goals, along with tips and resources for making lasting healthy changes. The program provides weekly 1-hour core sessions for up to 6 months and then monthly sessions for the rest of the year. Participants will also learn how to manage stress, set and achieve realistic goals, stay motivated, and solve problems. Participants may even

be able to manage other conditions like high cholesterol or high blood pressure with fewer medications.

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