



**Services Requiring Prior Authorization  
Effective June 1, 2021**

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

Service category	Services details	Who to contact for prior authorization review
<b>General authorization</b>	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
<b>Inpatient services: medical, surgical, obstetrical, and behavioral and mental health services, including:</b>	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
	Long term acute care (LTAC)	
	Maternity — vaginal delivery and newborn stays over two days; Cesarean delivery and newborn stays over four days	
	Mental health/behavioral health/substance abuse	
	Neonatal intensive care unit (NICU)	
	Rehabilitation	
	Skilled nursing facility (SNF)	
	Sub-acute, swing bed and transitional care	
<b>Transplant services</b>	Solid organ and bone marrow/stem cell transplant services including evaluation and work-up	Network Health at 866-709-0019 or 920-720-1602
<b>Surgical procedures</b>	Implantable cardioverter-defibrillator insertion or replacement	Network Health at 866-709-0019 or 920-720-1602
	Magnetic sphincter augmentation procedures for the treatment of GERD (LINX)	
	Orthognathic prognathic maxillofacial surgery	
	Temporomandibular joint disorder (TMD) surgical services	
	Implantable pain pump insertion or replacement	eviCore at 855-727-7444 or <a href="mailto:myportal@evicore.com">myportal@evicore.com</a>
	Implantable spinal neurostimulator insertion, revision or removal	
<b>Cosmetic procedures, including, but not limited to:</b>	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	
<b>Durable medical equipment (DME)</b>	Communication Devices	Network Health at 866-709-0019 or 920-720-1602
	Continuous passive motion (CPM) and progressive stretch devices	
	Cranial orthotic	

Updated 1/1/2019- removed authorization requirements for total ankle replacement, septoplasty, UPPP, mattresses, hospice and life vests. 2/1/19- added Molecular genetic lab testing and medical oncology services under eviCore prior auth requirements. 3/13/19- clarified stimulators and where review takes place. 5/1/19 added CCUM. 1/1/20 removed insulin pumps, INR devices, continuous glucose monitors, hearing aids, ventilators and cochlear implants. Increased the prosthetics dollar threshold to \$5,000. 6/1/21 added PT/OT, 7/1/21 added gastroenterology, 8/21-clarifications to PT/OT added

<b>Durable medical equipment (DME) continued</b>	Hospital beds	Network Health at 866-709-0019 or 920-720-1602
	Lymphedema pumps, garments, and pneumatic compression	
	Mobile cardiac outpatient telemetry (MCOT) (a.k.a. outpatient heart monitoring)	
	Orthotics over \$1,000 based on retail purchase price	
	Patient lifts (e.g., electric, Hoyer, hydraulic)	
	Power operated vehicles and scooters	
	Prosthetics over \$5,000 based on retail purchase price	
	Repairs or replacement of DME over \$1500 based on retail purchase price	
	Seat lifts	
	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	
	Neuromuscular stimulators for bowel and bladder conditions	
<b>Non-emergent services prior authorization through eviCore</b>  *If any of these services are being performed as an inpatient, the procedure requires auth through eviCore and the inpatient hospitalization through Network Health	All ambulatory computed tomography (CT) scans	eviCore at 855-727-7444 or <a href="mailto:myportal@evicore.com">myportal@evicore.com</a>
	Cardiac diagnostics, including diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transesophageal echocardiograms, transthoracic echocardiograms	
	Cervical, lumbar and thoracic spine procedures/surgeries	
	Interventional pain injections and procedures	
	DME: Electrical stimulation devices (spinal)	
	DME: Pain pumps	
	All ambulatory magnetic resonance imaging (MRI) scans	
	All ambulatory magnetic resonance angiography (MRA) scans	
	All ambulatory positron emission tomography (PET) scans	
	Molecular genetic lab testing	
	Medical oncology	
	Radiation oncology treatments	
	Shoulder, hip and knee procedures	
	Physical Therapy and Occupational Therapy (outpatient as well as in the home & therapy in a SNF provided as outpatient) <b>**eff 6/1/21</b>	
	Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy) <b>**eff 7/1/21</b>	
<b>Other procedures and services:</b>	Acupuncture	Network Health at 866-709-0019 or 920-720-1602
	Ambulance transfers —facility to facility and/or non- emergent ambulance transfer	
	Dental care for accidents	
	Dental care in a hospital or ambulatory surgical center	
	Skin Substitutes products- application and use	
	Certain medications under your medical benefit	Phone 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal <a href="http://www.express-path.com">www.express-path.com</a>

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**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](http://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.**

**CONTACT INFORMATION:**

**Commercial Care Management** for medical service authorizations.

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

Fax: 920-720-1916

**Network Health Customer Service** for benefits and eligibility.

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

**Our new provider portal is now live.** 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](http://login.networkhealth.com).

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