



Network Health Expanding Prior Authorization Programs with eviCore Healthcare

The new prior authorization programs being implemented include chiropractic services, physical & occupational therapy services (PT/OT) and gastroenterology services.

- Beginning May 24, 2021, eviCore will begin accepting prior authorization requests for chiropractic services for **Medicare members only** for dates of service beginning on or after June 1, 2021.
- Also beginning May 24, 2021, eviCore will begin accepting prior authorization requests for specialty therapy (PT/OT) for **Medicare and Commercial members** for dates of service beginning on or after June 1, 2021.
- Beginning June 29, 2021, eviCore will begin accepting prior authorization requests for gastroenterology services (EGD, capsule endoscopy, colonoscopy) for **Medicare and Commercial members** for dates of service beginning on or after July 1, 2021.

eviCore's Clinical Guidelines, CPT code lists, Frequently Asked Questions and request forms are available **here**.

Services performed without authorization may not be reimbursed and you may not seek reimbursement from members. Services performed in conjunction with an inpatient stay, observation, or emergency room visit are not subject to authorization requirements.

In the coming weeks, eviCore will be leading orientation sessions designed to assist you and your staff with the new utilization management programs. These sessions will discuss the prior authorization requirements for therapy, chiropractic and gastroenterology services and how to navigate the eviCore portal.

We encourage you to attend one of these sessions to ensure your understanding of the new program requirements and how to obtain prior authorization. Please keep watch for additional information regarding how to register for an eviCore orientation session in the next few weeks.

Below is the schedule for the new prior authorization program implementation.

- May 15–30 eviCore provider orientation sessions for physical/occupational therapy and chiropractic
- May 24 eviCore phones go live for PT/OT and chiropractic
- June 1 eviCore program go live for PT/OT and chiropractic
- June 15-30 eviCore provider orientation sessions for gastroenterology
- June 24 eviCore phones go live for gastroenterology
- July 1 eviCore program go live for gastroenterology

Provider Survey Available

How are we doing? Did you know that we always have a provider survey available for you to provide instant feedback about our utilization management (prior authorization) program? We would love to hear from you, you can find it located in the provider resources section (under authorization information) of networkhealth.com, or here's a link directly to it: [surveymonkey](#)

Prior Authorization Request Form Changes

Have you noticed a change to our 'Prior Authorization Request Form'? We were able to take five different forms and condense them to one, to help streamline the workflow for your staff submitting prior authorization requests to Network. Here are a few benefits of the new form:

- No longer line of business specific, you can use the new form for any Network Health member.

- It's completely word-fillable for easy electronic attachment, when you submit via our online auth portal, iExchange.
- Sections condensed to remove non-value-added space and incorporate any behavioral healthcare service needs.
- Indicate directly to us if you are ok to have your request withdrawn if it's not something that requires prior authorization, this will save you time from having to answer a call from us.
- Condensed phone and fax numbers. It can be confusing to try to remember which phone and fax numbers go with which Network Health plans, now you don't have to. We've streamlined our numbers, so you only need to know one:
 - Fax: 920-720-1916
 - Phone: 920-720-1602 (toll free: 866-709-0019)

Here is where you can find our new, easy-to-use form:

[Prior Authorization Request Form](#)

New Program for Paper Claims Submissions

Network Health has partnered with Change HealthCare to help in the conversion of paper to electronic claims payment. **ConnectCenter** is a customer portal offering online claims and claim status with Change Healthcare.

This service is for **Network Health claims only** and free to contracted Network Health provider partners. This real time claims submission tool will eliminate overhead mailing costs, eliminate looking at Network Health's reject report and more importantly faster payment. Please contact your Provider Operations Manager for more information.

If you are not a current subscriber to *The Pulse* and you would like to be added to the mailing list, please **email us today**.

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at networkhealth.com/provider-resources/news-and-announcements.



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