



## **Now that Network Health has Expanded Prior Authorization Programs with eviCore healthcare, here are a few things that you should know**

### **Gastroenterology Services:**

- Coordination of the submission of prior authorization requests for Gastroenterology services should occur between the facility where the service will be performed and the ordering provider. Both the facility and the rendering physician will be notified of eviCore's decision. Providers may review eviCore's Portal 24/7 for status updates.
- **Screening or preventive colonoscopies do not require prior authorization through eviCore OR Network Health.**
  - If a colonoscopy starts as a routine screening and turns diagnostic mid-procedure, please submit your claims with the appropriate modifiers that indicate as such.

### **Physical and Occupational Therapy Services:**

- For Physical and Occupational Therapy requests please initiate your prior authorization using the individual provider TIN and NPI.
  - Network pays therapy claims at the group level, which means therapy providers within the same practice can cover for each other without needing an additional authorization.

- Sometimes Network Health lists providers for purposes of our directory only, they aren't connected to an NPI, meaning they shouldn't be used for authorizations or claims payment. Effective July 30, you will no longer be able to see those providers or choose them in eviCore's system since they are meant for our provider directory only.

eviCore's Clinical Guidelines, CPT code lists, Frequently Asked Questions and request forms are available **here**. Please keep in mind, services performed without authorization may not be reimbursed and you may not seek reimbursement from members.

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## Claims Questions

Have a claims question? You can utilize the contact us on the Provider Portal or you can contact our Member Experience team at **920-720-1300 or 800-826-0940, TTY/TDD: 800-947-3529, Fax: 920-720-1909**. They will be able to help you resolve your problem before sending in a claims dispute.

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## Submitting Paper Claims

If you submit paper claims to us, including corrected claims, please contact your Provider Operations Manager to discuss Connect Center. It's a free service to submit claims electronically to Network. The benefits of signing up for this free service is that it saves you time, money, and Network will be moving to all EDI claims submission in 2022.

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## Public Health Emergency Extended Through October

The Public Health Emergency (PHE) was extended through October, therefore the benefits of telehealth services for COVID-19 related symptom visits, PCPs, OB/GYNs and Behavioral Health providers will remain at \$0 copayment for commercial members and \$0 copayment for all services, excluding non-billable providers, for Medicare members. Telehealth has always been a benefit for our members, the copayments have changed under the PHE period.

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# **Refer Members to Network Health Participating Providers**

Please remember to use Network Health participating providers when referring a member to a specialist, hospital, genetic laboratory, general laboratory, pathology, and radiology. Members are unaware when providers refer them to out of network ancillary provider and they are left financially responsible.

If you need to know who is in plan, please visit our Find A Doc option on our website. If you would like to refer a member to an out of plan specialized laboratory for testing, please ensure you have obtained a prior authorization before the laboratory tests are performed.

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## **Medicare Special Needs Members Reminder**

As a reminder, when providing care to Medicare Special Needs members (dual eligible members), you cannot balance bill them for the difference. You can only bill them from what is reflected on the remittance advice. Claims have to be submitted to Medicaid and Network for these members.

If you have any questions, please reach out to your Provider Operations Manager.

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## **Scheduling Site Visits**

We're making protected site visits! If you would like us to come to your office to go over new material, discuss issues, meet new staff, please contact your Provider Operations Manager and they will arrange a time that works best for you.

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## **Clinical Practice Guidelines Update**

This [comprehensive guideline](#) was created and updated in 2020 to assist medical professionals in decision making for diagnosis and treatment of postmenopausal

osteoporosis. The recommendations include use of pharmacologic therapy, how to monitor treatment, what defines successful treatment, roles of concomitant use of and sequential use of therapeutic agents, compression fracture vertebral augmentation and when to refer to an endocrinologist.

Along with the guideline is an updated 2020 updated algorithm which includes clarification of the diagnosis of osteoporosis, treatment options for postmenopausal osteoporosis with an updated stratification of the patient according to high-risk and very high-risk, inclusion of the new anabolic agent romosoxumab in the treatment algorithm, as well as transitions from therapeutic agents to now include denosumab.

These guidelines are sponsored by the American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE). The expert panel created the guidelines through clinical evidence review per AACE/ACE guideline protocols.

The guideline is intended for use of diagnosis, evaluation and treatment of postmenopausal osteoporosis.

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## Provider Data Validation Using NPPES

### NPI Provider Data

Network Health is asking providers to begin updating their NPPES provider data to help maintain the accuracy of their provider directories.

NPPES allows providers to attest to the accuracy of their NPI data. If a provider's information is correct, they will be able to attest to it and NPPES will record and reflect the attestation date. If the provider's information is not correct when they request any change to the NPI record, the provider will be able to attest to their changed NPI data, resulting in an updated certification date.

CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file. Network Health will be using this data to aid us in the development of our provider directories, however, we can only use the most current data published, therefore, it would be imperative that you attest to the data regularly. **NPPES was recently updated to allow providers to input multiple addresses to support other work locations.**

Network Health will access core NPPES data weekly i.e., provider name, provider specialty, provider address, provider telephone number. Collectively, these data elements represent 91% of the CMS provider directory review errors found. NPPES data will be compared to your provider data which is already being submitted and serve as an important resource to improve Network Health's provider directory reliability and accuracy.

We encourage you to access the NPPES webpage at <https://nppes.cms.hhs.gov> today as well

as quarterly to update and/or attest to your provider data. It will be imperative to ensuring provider directory accuracy to our members.

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## Provider Data Validation

Network Health's Provider Informatics Department is now required by CMS and NCQA to obtain quarterly updates on provider and/or facility data. In the past, you may have worked with an external company on behalf of Network Health.

As of February 15, 2021, Network Health has brought this process in-house. Due to this, someone from our Provider Informatics Department will be reaching out to your group quarterly to obtain information to confirm that the information we have is accurate.

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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](#).

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Don't forget to check us out  
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