



**Services Requiring Prior Authorization
Effective January 1, 2023
Assure Plans**

Service Category	Services Details	Who to contact for Prior Authorization Review
General authorization	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
Inpatient Services: medical, surgical, obstetrical, and behavioral and mental health services including:	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	
Sub-acute, swing bed and transitional care		
Transplant Services	Solid organ and bone marrow/stem cell transplant services including evaluation and work up	Network Health at 866-709-0019 or 920-720-1602
Surgical procedures	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	
	Transgender Surgery, Sex Reassignment surgery	
Bariatric (weight loss) procedures		
Cosmetic Procedures including but not limited to:	Blepharoplasty, canthoplexy, canthoplasty and brow ptosis	Network Health at 866-709-0019 or 920-720-1602
	Botox injections (auth required through CCUM)	
	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	
	Any other procedures potentially cosmetic in nature	

Durable Medical Equipment (DME) for use at home	Communication devices	Network Health at 866-709-0019 or 920-720-1602
	Progressive stretch devices	
	Cranial orthotic	
	Hospital beds	
	Lymphedema pumps, garments, and pneumatic compression	
	Mobile cardiac outpatient telemetry - MCOT (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 - excludes PAP devices	
	Seat lifts	
	Wheelchairs: manual, electric and customizations (K0001-K0004 do not require auth until rental month 4 or day 91 (KJ modifier required)).	
	Wheelchair accessories, including but not limited to, power joystick control, power tiller control, power seat tilt, power seat recline and power leg elevation.	
	Deep Brain Stimulators	
Bone Growth Stimulators (if used for the spine, eviCore reviews)		
*Non-emergent services Prior Authorization through eviCore: *If any of these services are being performed as an inpatient, the procedure requires auth through eviCore and the inpatient hospitalization through Network Health	CT scans - all ambulatory computed tomography (CT)	eviCore at 855-727-7444 or myportal@evicore.com
	Cardiac diagnostics including all ambulatory 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	
	MRI scans: All ambulatory magnetic resonance imaging	
	MRA scans: All ambulatory magnetic resonance angiography	
	PET scans: All ambulatory positron emission tomography	
	Medical Oncology Services	
	Molecular Genetic Lab Testing	
	Outpatient radiation oncology treatments	
	Shoulder, hip and knee procedures	
	Physical Therapy and Occupational Therapy (outpatient, as well as in the home setting & therapy in a SNF provided as outpatient)	
	Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy)	

Other Procedures and Services	Ambulance transfers - facility to facility and/or non-emergent ambulance transfer	Network Health at 866-709-0019 or 920-720-1602
	Dental care in a hospital or ambulatory surgical center	
	Skin Substitute products- application and use	
	Certain medications under your medical benefit	Phone 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal www.express-path.com
	Dental Care for Accidents	Network Health at 866-709-0019 or 920-720-1602

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

When requesting 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 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.

You can find a list of authorization changes in the authorization information section of the provider resources page on www.networkhealth.com

CONTACT INFORMATION:

Assure Commercial Member Experience for benefits and eligibility. Phone: 844-300-5537 or 920-720-1370