



**Services Requiring Prior Authorization  
Effective May 1, 2024**

**Assure Plans**

<b>Service Category</b>	<b>Service Details</b>	<b>Who to contact for Prior Authorization Review</b>
<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	
	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>	Magnetic sphincter augmentation procedures for the treatment of GERD (LINX)	Network Health at 866-709-0019 or 920-720-1602
	Orthognathic prognathic maxillofacial surgery	
	Temporomandibular joint disorder (TMD) surgical services	
	Transgender Surgery, Sex Reassignment Surgery	
	Bariatric (weight loss) procedures	
<b>Cosmetic Procedures including but not limited to:</b>	Botox injections (auth required through CCUM)	Network Health at 866-709-0019 or 920-720-1602
	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	
	Any other procedures potentially cosmetic in nature	
<b>Durable Medical Equipment (DME) for use at home</b>	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)	
	Neuromuscular stimulators for bowel and urinary conditions	
	Orthotics over \$1000 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 DME over \$1,500-based on retail purchase price – <b>excludes PAP devices</b> 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)	
<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	CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy) CT Scans – all ambulatory computed tomography (CT) Cardiac diagnostics including all ambulatory diagnostic cardiac catheterizations, nuclear cardiology scans, stress 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 scan: 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 home setting & therapy in a SNF provided as outpatient) Peripheral Vascular Disease (diagnosis and treatment) Gastroenterology (EGD's, Capsule Endoscopy, non-preventive colonoscopy)	eviCore at 855-727-7444 or <a href="mailto:myportal@evicore.com">myportal@evicore.com</a>
<b>Other Procedures and Services</b>	Dental care in a hospital or ambulatory surgical center Dental Care for Accidents Skin Substitute products – application and use Certain medications under your medical benefits	Network Health at 866-709-0019 or 920-720-1602  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>

**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)

**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 person's SPD and will be reviewed when a claim is submitted to determine availability and claim payment. Post service claims may be reviewed for medical necessity.**

**You can find a list of authorization changes in the authorization section of the provider resources page on [www.networkhealth.com](http://www.networkhealth.com)**

**CONTACT INFORMATION:**

**Assure Commercial Member Experience for benefits and eligibility:**

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