



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

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

Service category	Service details	Who to contact for prior authorization review
General authorization	Services considered experimental, investigational, unproved 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 (SNF)	
	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	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	
Cosmetic procedures including, but not limited to:	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	
Durable medical equipment (DME)	Communication Devices	Network Health at 866-709-0019 or 920-720-1602
	Continuous passive motion (CPM) and progressive stretch devices	
	Cranial orthotic	
	Hospital beds	
	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 \$1,500 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	
	Bone growth stimulators (if used for spine, eviCore reviews)	
	Neuromuscular stimulators for bowel and bladder conditions	
	Deep brain stimulators	
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	All ambulatory computed tomography (CT) scans	eviCore at 855-727-7444 or myportal@evicore.com
	Cardiac diagnostics, including diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms	
	CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy)	
	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)	
Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy)		
Peripheral vascular disease (diagnosis and treatment)		
Other procedures and services:	Acupuncture	Network Health at 866-709-0019 or 920-720-1602 Phone: 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal www.express-path.com
	Dental care for accidents	
	Dental care in a hospital or ambulatory surgical center	
	Skin Substitute products-application and use	
	Certain medications under your medical benefits	

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

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.

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

CONTACT INFORMATION:

Commercial Care Management for medical service authorizations.

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

Fax: 920-720-1916

Network Health Member Experience 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.