



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

**Medicare Advantage PPO and
Employer Group Waiver Plan**

The following services rendered by participating providers require prior authorization

Service Category	Service Details	Who to contact for Prior Authorization Review
Inpatient admissions	Acute Hospital Mental Health/substance abuse Rehabilitation Skilled nursing facility (SNF) stays Swing bed / sub-acute hospital / transitional care Long term acute care hospitalizations (LTACH)	Network Health at 866-709-0019 or 920-720-1602
*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	Interventional pain injections and procedures Implantable pain pump insertion or replacement procedures Molecular genetic lab testing Medical oncology Radiation oncology treatments Shoulder, hip, and knee procedures DME: Electrical stimulation devices (spinal) DME: Pain pumps Physical Therapy and Occupational Therapy (outpatient as well as in the home setting & when residing in SNF and receiving therapy under Part B) Gastroenterology (EGDs, Capsule Endoscopy, non-preventive colonoscopy) Cervical, lumbar, and thoracic spine procedures Peripheral vascular disease (diagnosis and treatment) CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy)	eviCore at 855-727-7444 or myportal@evicore.com
Cosmetic procedures, including but not limited to:	Botox injections (auth required through CCUM) Breast implant removal/replacement Dermabrasion and chemical peel LeFort procedure Liposuction and lipectomy Mammoplasty reduction or augmentation Octoplasty Panniculectomy and other excess skin removal Rhinoplasty, rhytidectomy Services that could be considered cosmetic	Network Health at 866-709-0019 or 920-720-1602
Durable medical equipment (DME)	Hospital beds Lymphedema pumps, garments, and pneumatic compression Neuromuscular stimulators for bowel and urinary conditions Wheelchair accessories, including but not limited to, power joystick control, power tiller control, power seat tilt, power seat recline and power leg elevation	

	Wheelchairs: manual, electric and customizations (K0001-K0004 do not require auth until rental month 4 or day 91 (KJ modifier required)).	
	Bone growth stimulators (if used for spine, eviCore reviews)	
	Orthotics over \$750 (based on Medicare Fee Schedule purchase allowable amount; if not Medicare Fee Schedule amount identified, then retail purchase price)	
	Prosthetics over \$5,000 (based on Medicare Fee Schedule purchase allowable amount; if not Medicare Fee Schedule amount identified, then retail purchase price)	
	Patient lifts (e.g. electric, Hoyer, hydraulic or requiring home modification)	
	Power operated vehicles and scooters	
	Seat lifts	
	Communication devices	
Transplant Services	Solid organ and bone marrow/stem cell transplant services including evaluation, work-up and surgeries	Network Health at 866-709-0019 or 920-720-1602
Surgical procedures	Bariatric surgery	Network Health at 866-709-0019 or 920-720-1602
	Deep Brain stimulators	
	Temporomandibular joint disorder (TMD) surgical services	
	Hypoglossal nerve stimulator insertion or replacement	
	Intercept procedure	
	POEM procedure	
	Trabecular Bone Score (TBS)	
Other Services	Skin Substitute products – application and use	Network Health at 866-709-0019 or 920-720-1602
	Certain medications under your benefit	Phone: 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal www.express-path.com

All outpatient medications should be directed to 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.

All services must be medically necessary. Certain services are directly excluded from coverage under the various coverage documents (e.g., bariatric surgery, mental health transitional care and acupuncture, etc.) and will be reviewed when a claim is submitted to determine benefit availability and claim payment.

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.

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

Network Health reserves the right to review all claims for medical necessity.

CONTACT INFORMATION:

Medicare Advantage utilization management for authorizations:

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

Fax: 920-720-1916

Medicare Advantage member experience for benefits and eligibility:

Phone: 800-378-5234 or 920-720-1345

Our new provider portal is now live! For 24/7 access to view benefits and eligibility, submit online authorization requests and more, please register at <https://login.networkhealth.com>.