



**Services Requiring Prior Authorization  
Effective January 1, 2025**

**Froedtert Health Plan-Self Insured**

Service category	Service details	Who to contact for prior authorization review
<b>All Inpatient services including:</b>	Emergency Hospital Admission within 48 hours or, if later, the next business day Long Term Acute Care Hospital (LTACH) Extended Care Facilities (Subacute Rehab, Inpatient Rehabilitation and Skilled Nursing Facilities) Inpatient and Residential Treatment Center Admissions for Mental Health Conditions and alcohol/chemical dependency Hospital or birthing center stays that are longer than the federally mandated stay of 48 hours following vaginal delivery or 96 hours following cesarean section delivery	Network Health at 866-709-0019 or 920-720-1602
<b>All Transplant services:</b>	Organ and tissue transplants	Network Health at 866-709-0019 or 920-720-1602
<b>Surgical procedures:</b>	Bariatric surgery for morbid obesity	Network Health at 866-709-0019 or 920-720-1602
<b>Chemotherapy and Immunotherapy:</b>	Injectable chemotherapy and immunotherapy drugs (include intravenous, intravesical and intrathecal) for cancer diagnosis. Adding a new drug to an existing regime requires a new authorization	Network Health at 866-709-0019 or 920-720-1602
<b>Gene and Cell Therapy (e.g. Car-T):</b>	Gene and Cell Therapy (e.g. Car-T) including all inpatient and outpatient related services	Network Health at 866-709-0019 or 920-720-1602
<b>Genetic Testing:</b>	Excludes genetic testing completed as part of the standard Transplant protocol	Network Health at 866-709-0019 or 920-720-1602
<b>Other Services:</b>	Home Health Care including PT, OT, ST, and Nursing services	Network Health at 866-709-0019 or 920-720-1602

**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 summary plan description. 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](http://www.networkhealth.com)**

**CONTACT INFORMATION:**

**Utilization Management** for authorizations. Phone: 866-709-0019 or 920-720-1602

Fax: 920-720-1916

**Network Health-TPA Member Experience** for benefits and eligibility. Phone: 262-532-5240

**Provider portal.** 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](http://login.networkhealth.com).