



**Services Requiring Prior Authorization
Effective January 1, 2026**

Froedtert ThedaCare Health Plan-Self Insured

Service category	Service details	Who to contact for prior authorization review
All Inpatient services including:	Emergency Hospital Admission within 48 hours or, if later, the next business day	Network Health at 866-709-0019 or 920-720-1602
	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	
All Transplant services:	Organ and tissue transplants	Network Health at 866-709-0019 or 920-720-1602
Surgical procedures:	Bariatric surgery for morbid obesity	Network Health at 866-709-0019 or 920-720-1602
Chemotherapy and Immunotherapy	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
Gene and Cell Therapy (e.g. Car-T)	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
Genetic Testing:	Excludes genetic testing completed as part of the standard Transplant protocol	Network Health at 866-709-0019 or 920-720-1602
Other Services:	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

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.