

# Population Health Authorization Request Form

Please fax, email or mail completed form to Utilization Management for processing.



- Fax: 920-720-1916
- Secure Email: [pophealthutiliza@networkhealth.com](mailto:pophealthutiliza@networkhealth.com)
- Mail: Network Health, Attn: Utilization Management Department, 1570 Midway Pl., Menasha, WI 54952
- Requests can be completed online via our Provider Portal iExchange at <https://login.networkhealth.com>

**Request must include related records that support the medical necessity of service(s): notes, labs, diagnostics, plan of care, etc. Requests received without records may be sent back or denied for information.**

Today's Date: \_\_\_\_\_

Form Filled Out By: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

## Section A: Patient Information

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Plan:  Medicare  Commercial/ACA  TPA (Exceedent)

## Section B: Request Type

Urgent (state reason why): \_\_\_\_\_

### Inpatient Admission:

- Acute/ER
- Transplant
- Planned/Scheduled
- Rehabilitation
- Skilled Nursing Facility
- Long Term Acute Care

### Behavioral Health/AODA:

- Inpatient
- Residential
- Outpatient
- Intensive Outpatient
- Partial Hospital

Durable Medical Equipment

Home Health Care

Other: \_\_\_\_\_

## Section C: Service Information

CPT (Procedure) Code(s): \_\_\_\_\_

*Additionally, please complete section F for DME and complete section G for home health requests.*

ICD-10 (Diagnosis) Code(s): \_\_\_\_\_

Start Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_

Number of initial sessions requested: \_\_\_\_\_ If applies, number of additional sessions requested: \_\_\_\_\_

New episode of care?  Yes  No If No, what is the original authorization#: \_\_\_\_\_

Indicate here if OK to withdraw the request if no authorization is required:  Yes  No (process request as pre-d)

## Section D: Ordering Provider Information

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Section E: Servicing Provider Information

Physician/Facility Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## Section F: Additional Durable Medical Equipment Details

HCPC Code	Retail Purchase Price	Quantity	Purchase	Rental	Repair	Replacement
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G: Additional Home Health Details

	SW	RN	ST	HHA
Quantity				
CPT Code(s)				
Indicate here if OK to amend to MCG recommended number of visits for home health requests:				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section H: Additional Comments

**Prior Authorizations** requests are required by the health plan, per the SPD, EOC and/or COC. Failure to obtain Prior Authorization will result in a penalty. See your specific health plan for a list of required services and penalties.

**Pre-determination** requests are not required by the health plan, per the SPD, EOC and/or COC. These are medical done as a courtesy to the provider or member. See your specific health plan for specific coverage questions.

Prior authorization and pre-determination requests are medical necessity reviews only, unless otherwise indicated on the decision letter. It is the member and providers responsibility to check in-network and out-of-network providers and benefits.

### Please note decision timelines are as follows:

- Urgent: within 72 hours of request receipt
- Non-Urgent: within 14 calendar days of request receipt
- Concurrent: within 72 hours of request receipt
- Post-Service: within 14 calendar days of request receipt
- Experimental & Investigational: within 5 calendar days of request receipt
- Urgent Part B: within 24 hours of request receipt
- Non-Urgent Part B: within 72 hours of request receipt

### Network Health Utilization Management Department

Phone: 920-720-1602, Toll-free 866-709-0019 | Fax: 920-720-1916

Secure Email: [pophealthutiliza@networkhealth.com](mailto:pophealthutiliza@networkhealth.com)

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.