

November 2023



Genetic Labs and Use of Out of Network Labs

Network Health is contracted with a handful of genetic labs and national labs. It is important that your staff check to see if the labs you are sending samples to, on behalf of our members, are in plan. If you use a non-participating lab without prior authorization, those charges are denied member liability. As you are aware, these tests are at a significant cost and most members cannot afford to pay for these labs. Additionally, all genetic testing requires prior authorization, please ensure your staff is familiar with our prior authorization requirements. If you are going to utilize a non-participating lab and it is a genetic lab, you will need to request an authorization for out of network utilization and for the genetic testing.

You can find participating labs [here](#).

You can find prior authorization requirements [here](#).

Inpatient Services

CPT codes only need to be submitted with your inpatient authorization request if it's a code spelled out as specifically requiring authorization on the master authorization list, or if you are specifically requesting a pre-determination (medically necessity review) be completed on that code. Outside of the specific procedures that require prior authorization, Network Health reviews inpatient requests for level of care appropriateness (observation status, etc.)

As a reminder, you can find the master authorization list by code [here](#).

Inpatient Rehabilitation

We have recently created a document to help guide the use of inpatient rehab. Medicare has specific requirements that need to be met for a patient to qualify for inpatient rehabilitation. To assist in ensuring all requirements have been met, please complete this checklist and submit it to Network Health with your request. You can find the document [here](#), under Provider Documents. You may attach it directly in iExchange.

Upcoming eviCore Platform Update and Prior Authorization Changes

Beginning December 11, 2023, eviCore healthcare will begin accepting prior authorization requests for the Peripheral Vascular Disease diagnosis and/or intervention procedures and Spine surgery services for dates of service beginning January 1, 2024, and after. This includes the following.

- Services for the diagnosis and treatment of peripheral vascular disease for all Network Health Medicare Advantage and commercial membership.
- Spine surgery services for Network Health Medicare Advantage membership. (The spine surgery prior authorization requirement is currently in place for all Network Health commercial membership and will remain in place.)

In addition, eviCore will be migrating prior authorizations currently managed on the MedSolutions platform to their CareCore National platform. Programs impacted for Network Health users include Radiology, Cardiology and Musculoskeletal (MSK) requests. Effective December 11, 2023, these authorizations will be managed on the legacy CareCore National platform.

eviCore healthcare will be leading several orientation sessions designed to assist you and your staff with the new utilization management programs and platform transition. We encourage you and your teams to attend one of these informative sessions to ensure your understanding of the prior authorization process and changes. All orientation sessions require advance registration and will last approximately one hour. Please click [here](#) for more information on how to register and to select training dates that work best for your schedule.

New Credentialing Software

Network Health has contracted with a new Credentialing Software company for credentialing and recredentialing of our contracted providers. Going forward, please note that it is a requirement that all providers attest to their credentialing data accuracy on all initial credentialing applications as well as recredentialing applications and therefore, a provider email address will now be required. Please ensure if your providers do not currently have a provider email address that one is obtained as this will stall the credentialing process. Credentialing vendors or office managers/credentialing specialists are still able to complete the necessary data, however, the provider must log in with a secured password and username to attest. Thank you.

Medicare Advantage D-SNP Training

Medicare Advantage D-SNP Training Each year, Network Health sends several communications regarding the annual model of care training requirements for providers who have delivered care to our Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) members. This training is required annually by the Centers for Medicare and Medicaid Services (CMS) and is designed to help educate providers on coordinating Medicare and Medicaid benefits for Network Health's D-SNP members. If you have not completed the training and attestation yet in 2023, please complete this training as soon as possible. The training and attestation must be completed by individual providers, as Network Health cannot accept group attestations. For your convenience, you can access the model of care training materials via our website at <https://networkhealth.com/provider-resources/provider-training> or via the link in the provider portal. Once the training is completed, please sign and return the attestation to Network Health. If you have any questions about the training, please contact Laura Reinsch, Director of Care Management at 920-720-1711 or lreinsch@networkhealth.com . Thank you for the continued services and care you provide to our members.

Adding/Terming Providers Within Your Practice

If you would like to add or term a provider within your practice, please visit our provider portal and select the Provider Information Form quick link located on the left hand side of the landing page. Our step by step instructions on how to navigate the page can be found [here](#) for your convenience. If you have questions related to this process, please reach out to your provider operations manager.

As a reminder, Network Health no longer accepts the paper Provider Information forms.

2024 Preferred and Non-Preferred Drug Changes

Starting January 1, 2024 the following drugs will be changed to Preferred Drugs on the formulary:

Aranesp
Actemra
Roctavian
Vyjuvek **Commercial Only**
Nyvepria
Vyvgart Hytrulo
Rystiggo
Xembify **Commercial Only**

The following drugs will be changed from Preferred to Non-Preferred on the formulary:

Epogen
Orencia
Ziextenzo

Please note, these drugs require prior authorization. Please use ESI's Prior Authorization Portal when submitting requests, [here](#) is a link to the portal. Please distribute these changes to your teams to ensure your patients have a smooth transition from one drug to another and eliminating unforeseen costs.

If you have any questions on these changes, please reach out to Network's Pharmacy team at pharmacist@networkhealth.com or 920-720-1287.

Holiday Hours

Network Health will be closed Friday December 22 and Monday December 25, 2023, as well as January 1, 2024 for the holiday season. If you have questions during this time, please feel free to utilize our provider portal for member benefits and eligibility, claim status and prior authorization reviews. Happy Holidays.

If you are not a current subscriber to *The Pulse* and you would like to be added to the mailing list, please [email us today](#).

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