

Services Requiring Prior Authorization Effective May 1, 2024

Health Insurance Exchange (HIX)

| Service category | Service details | Who to contact for prior authorization review |
|--|---|--|
| General | Services considered experimental, investigational, unproven or | Network Health at 866-709-0019 or |
| authorization | for research purposes, including all CPT category III codes | 920-720-1602 |
| Inpatient | Acute hospital | Network Health at 866-709-0019 or |
| admissions | Long term acute care (LTAC) | 920-720-1602 |
| | Maternity – vaginal delivery stays over two days; Cesarean | |
| | delivery stays over four days | |
| | Mental health/substance abuse and/or residential treatment | |
| | Neonatal intensive care unit (NICU) | |
| | Rehabilitation | |
| | Skilled nursing facility (SNF) | |
| | Swing bed/sub-acute hospital/transitional care | |
| *Non-emergent | Cardiac diagnostics including: diagnostic cardiac catheterizations, | eviCore at 855-727-7444 or |
| services Prior | nuclear cardiology scans, stress echocardiograms | myportal@evicore.com |
| Authorization | CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy) | |
| through eviCore: | Computed tomography (CT) scans | |
| | Cervical, lumbar, and thoracic spine surgeries | |
| | Interventional pain injections and procedures | |
| *If any of these services | Magnetic resonance imaging (MRI) scans | |
| are being performed as an | Magnetic resonance angiography (MRA) scans | |
| inpatient, the procedure requires auth through | Positron emission tomography (PET) scans | |
| eviCore and the inpatient | Molecular genetic lab testing | |
| hospitalization through | Medical oncology | |
| Network Health | Peripheral vascular disease (diagnosis and treatment) | |
| | 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 & therapy in a SNF provided as outpatient) | |
| | Gastroenterology (EGDs, Capsule Endoscopy, non-preventive | |
| T | colonoscopy) | N. 4 1-1114 - + 0.00 700 0010 |
| Transplant services | Solid organ and bone marrow/stem cell transplant services, | Network Health at 866-709-0019 or |
| Cuncical nuces during | including evaluation, work-up and surgeries | 920-720-1602 |
| Surgical procedures | Magnetic sphincter augmentation procedures for the treatment of GERD (LINX) | Network Health at 866-709-0019 or 920-720-1602 |
| | Orthognathic prognathic maxillofacial surgery | 920-720-1002 |
| | Temporomandibular joint disorder (TMD) surgical services | 1 |
| | Transgender surgery, sex reassignment surgery | 1 |
| | Bariatric (weight loss) procedures | 1 |
| Cosmetic | Botox injections (auth required through CCUM) | Network Health at 866-709-0019 or |
| procedures, | Breast implant removal/replacement | 920-720-1602 |
| including but not | Dermabrasion and chemical peel | 920-720-1002 |
| limited to: | Liposuction and lipectomy | |
| minute to. | Mammoplasty reduction or augmentation | - |
| | Otoplasty | - |
| | Panniculectomy and other excess skin removal | - |
| | Pectus excavatum repair | - |
| | 1 cetus excavatum repair | 2180 11 0424 |

| | Port wine stain removal | |
|------------------|---|-----------------------------------|
| | Rhinoplasty, rhytidectomy | |
| | Services that could be considered cosmetic |] |
| Durable medical | Communication devices | Network Health at 866-709-0019 or |
| equipment (DME) | Progressive stretch devices | 920-720-1602 |
| for use at home: | Cranial orthotics | |
| | Hospital beds | |
| | Lymphedema pumps, garments, and pneumatic compression | |
| | Mobile cardiac outpatient telemetry (MCOT) | |
| | (a.k.a. outpatient heart monitoring) | |
| | Orthotics over \$1,000 based on retail purchase price | |
| | Patient lifts (e.g., electric, Hoyer, hydraulic) | |
| | Power operated vehicles and scooters | |
| | Prosthetics over \$5,000 based on retail purchase price | |
| | Repairs or replacement of DME over \$1,500 based on retail | |
| | purchase price excludes PAP devices | |
| | Seat lifts | |
| | Wheelchairs: manual, electric and customizations (K0001-K0004 | |
| | do not require auth until month 4 or day 91 (KJ modifier | |
| | required)) | |
| | Wheelchair accessories, including but not limited to, power | |
| | joystick control, power tiller control, power seat tilt, power seat | |
| | recline and power leg elevation | |
| | Bone growth stimulators (if used for spine, eviCore reviews) | |
| | Neuromuscular stimulators for bowel and urinary conditions | |
| | Deep brain stimulators | |
| Other services | Accidental Dental services | Network Health at 866-709-0019 or |
| | Hospital or ambulatory surgery center change in conjunction with | 920-720-1602 |
| | dental care | |
| | Skin Substitute products-application and use | |
| | Certain medications under your medical 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 Express Scripts/CCUM at

Phone 877-787-8705 **Fax:** 877-860-8866

Online: ExpressPath portal www.express-path.com

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.

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 information section of the provider resources page on www.networkhealth.com

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

CONTACT INFORMATION:

Individual and Family Plan member experience for benefits and eligibility.

Phone: 855-275-1400 or 920-720-1400

Health Insurance Exchange (HIX) member experience for benefits and eligibility.

Phone: 855-275-1400 or 920-720-1400

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.