

## Services Requiring Prior Authorization Effective May 1, 2024

## Individual and Family Plans (IFP) and Small Group ACA Plans

| Service Category                           | Service Details   | Who to contact for prior authorization review  |
|--|---|--|
| General                                    | Services considered experimental, investigational, unproven or for  | Network Health at 866-709-0019                 |
| Authorization                              | research purposes, including all CPT category III codes             | or 920-720-1602                                |
| Inpatient Admissions                       | Acute hospital  | Network Health at 866-709-0019 or 920-720-1602 |
|  | Long term acute care (LTAC)   |  |
|  | Maternity – vaginal delivery stays over two days; Cesarean          | 1  |
|  | 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                        |
| services Prior                             | nuclear cardiology scans, stress echocardiograms                    | or mypoartal@evicore.com                       |
| Authorization                              | CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy)       |  |
| through eviCore                            | Computed tomography (CT) scans                                      |  |
|  | Cervical, lumbar and thoracic spine procedures                      |  |
| *If any of these                           | Gastroenterology (EGDs, Capsule Endoscopy, non-preventive           |  |
| services are being                         | colonoscopy   |  |
| performed as an                            | Interventional pain injections and procedures                       |  |
| inpatient, the                             | Magnetic resonance imaging (MRI) scans                              |  |
| procedure requires<br>auth through eviCore | Magnetic resonance angiography (MRA) scans                          |  |
| _  | Positron emission tomography (PET) scans                            |  |
| and the inpatient hospitalization          | Molecular genetic lab testing                                       |  |
| through Network                            | Medical oncology  |  |
| Health                                     | Peripheral vascular disease (diagnosis and treatment)               |  |
| Ticattii                                   | Radiation oncology treatments                                       |  |
|  | Shoulder, hip and knee procedures                                   |  |
|  | DME: Electrical stimulation devices (spinal)                        |  |
|  | DME: Pain pumps   |  |
|  | Physical and Occupational Therapy (outpatient as well as in the     |  |
|  | home setting & therapy in a SNF provided as outpatient)             |  |
| Transplant services                        | Solid organ and bone marrow/stem cell transplant services           | Network Health at 866-709-0019 or              |
|  | including evaluation, work up and surgeries                         | 920-720-1602                                   |
| Surgical procedures                        | Magnetic sphincter augmentation procedures for the treatment of     | Network Health at 866-709-0019 or              |
|  | GERD (LINX)   | 920-720-1602                                   |
|  | Orthognathic prognathic maxillofacial surgery                       | -  |
|  | Transgender surgery; sex reassignment surgery                       | -  |
|  | Temporomandibular joint disorder (TMD) surgical services            | -  |
| C  | Bariatric (weight loss) procedures                                  | N. 4 1- H141 - + 977 700 0010                  |
| Cosmetic procedures,                       | Botox injections (auth required through CCUM)                       | Network Health at 866-709-0019 or              |
| including, but not limited to:             | Breast implant removal/replacement                                  | 920-720-1602                                   |
| minited to:                                | Dermabrasion and chemical peel                                      | -  |
|  | Liposuction and lipectomy   | -  |
|  | Mammoplasty reduction or augmentation                               | -  |
|  | Otoplasty   | -  |
|  | Panniculectomy and other excess skin removal                        |  |

|                  | Pectus excavatum repair   |                                   |
|------------------|---|-----------------------------------|
|                  | Port wine stain removal   |                                   |
|                  | Rhinoplasty, rhytidectomy   |                                   |
|                  | Other services that could be considered potentially 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   |                                   |
|                  | Wheelchairs: manual, electric and customizations (K0001-K0004       |                                   |
|                  | do not require auth until rental month 4 or day 91 (KJ modifier     |                                   |
|                  | required))  |                                   |
|                  | 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 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  |                                   |
|                  | 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 the spine, eviCore reviews     |                                   |
|                  | Neuromuscular stimulators for bowel and urinary conditions          |                                   |
|                  | Deep brain stimulators  |                                   |
| Other services   | Hospital or ambulatory surgery center charges in conjunction with   | Network Health at 866-709-0019 or |
|                  | dental care   | 920-720-1602                      |
|                  | Accidental Dental services  |                                   |
|                  | Skin Substitute products-application and use                        | 71 077 707 777                    |
|                  | 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

 $\textbf{Health Insurance Exchange (HIX) member experience} \ for \ benefits \ and$ 

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 <a href="https://login.networkhealth.com">https://login.networkhealth.com</a>