

Services Requiring Prior Authorization Effective January 1, 2025

Health Insurance Exchange (HIX)

6-709-0019 or 6-709-0019 or	
5-709-0019 or	
6-709-0019 or	
EviCore at 855-727-7444 or myportal@evicore.com	
5-709-0019 or	
5-709-0019 or	
	Network Health at 866-709-0019 or 920-720-1602

	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	
	Continuous Glucose Monitors (CGMs)	Network Health at 866-709-0019 or 920-720-1602
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:

Utilization Management for prior authorization: **Phone:** 866-709-0019 or 920-720-1602

Fax: 920-720-1916

Member experience for benefits and eligibility. **Phone**: 855-275-1400 or 920-720-1400

For 24/7 access to view benefits and eligibility, submit online authorization requests and more, please register at https://login.networkhealth.com.

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