

Services Requiring Authorization for Platinum Plus and Platinum Premier, Effective 1/1/2007

The following services require prior authorization from Network Health Insurance Corporation.

Obtain prior authorization by calling the Care Management Department at 1-800-236-0208 or (920)720-1600.

For Behavioral Health call **1-800-555-3616** or **(920)720-1340**.

≈ **ALL HOSPITAL INPATIENT SERVICES, REHABILITATION and SKILLED NURSING FACILITY-Notification Only**

≈ **ALL BEHAVIORAL HEALTH INPATIENT SERVICES**

≈ **ALL SERVICES CONSIDERED EXPERIMENTAL, INVESTIGATIONAL, OR RESEARCH**

THE FOLLOWING ELECTIVE SURGICAL PROCEDURES:

All procedures that could be considered cosmetic

Deep Brain Stimulators

Surgical treatment of Obstructive Sleep Apnea

ESWT for musculoskeletal conditions

THE FOLLOWING SELECT SERVICES:

Biofeedback Studies/Urinary Incontinence

Non-emergent Ambulatory Radiology Imaging including:**

CT Scan

MRA

MRI

Nuclear Cardiology

PET Scan

Home Health Care (Including IV, respiratory and all therapies)

Outpatient PT/OT/ST after six visits

DME and orthotics over \$500.⁰⁰

Prosthetics over \$500.⁰⁰

Insulin pumps

Continuous glucose monitoring devices

Oxygen

Psychological and Neuropsychological Testing

Psychotherapy Visits beyond 6 visits

Substance Abuse Treatment

**** CT, MRI, MRA, PET and Nuclear Cardiology scans are prior authorized through National Imaging Associates at 1-866-642-9702.**

All services must be medically necessary and will be reviewed prospectively where applicable to determine benefit availability, certificate of coverage

provisions, and claim payment agreements when a claim is submitted. When requesting authorization, please provide the CPT, HCPCS, and/or Revenue Code appropriate for the planned service.

CONTACT:

Care Management Department (for prior authorization/case management)
1-800-236-0208 or (920)720-1600 (Fax # 920-720-1902)

For **Behavioral Health Services** call 1-800-555-3616 or (920)720-1340 (Fax # 920-720-1903)

Customer Service Department (for benefits and eligibility) 1-800-378-5234 or (920)720-1345

MEMBER INFORMATION		TREATING PROVIDER INFORMATION		RENDERING PROVIDER INFORMATION	
Patient's Name:		Ordering Provider:		Rendering provider or facility:	
DOB:		Provider Phone:		Form completed by:	
Member #:				Date completed:	
Diagnosis:				Phone #:	
ICD-9:				Fax #:	
				TAX ID:	

D M E	Beginning Date of Service	Estimated Ending Date of Service	HCPCS Item Code	Item Description	Rental, Purchase, Used or Repair	# of Time Periods or Units Requested	Frequency	Purchase or Repair \$	Rental \$	Comments/Warranty Information
1										
2										
3										
4										
5										
6										
7										
8										

If you have questions about benefits, please call Customer Service at 1-800-826-0940 or 920-720-1300.
 If item is a rental with the possible rent-to-purchase, enter the rental and purchase prices.
 For Medicare patients: Please submit the *Certificate of Medical Necessity* as soon as it is available.
 Please include the authorization number on the claim.
 If there is insufficient information, the form will be returned.

NHP ONLY Case Manager: _____	Date Received: _____ Authorization #: Start Date: _____ # Units Approved: End Date: _____
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**Network Health Plan/Network Health Insurance Corporation
Therapy Request Form**

Care Management Department Fax: 920-720-1903
Care Management Department Phone: 920-720-1600

If this is a request to extend services,
 please enter the original authorization number: _____

MEMBER INFORMATION		ORDERING PROVIDER INFORMATION		RENDERING PROVIDER INFORMATION	
Member's Name:		Ordering Provider:		Rendering Provider & Facility:	
DOB:		Ordering Provider Phone:		Form completed by:	
Member ID #:				Date completed:	
Diagnosis:				Phone #:	
REQUIRED - ICD-9:				Fax #:	
				TAX ID:	

Type of Therapy (PT, ST or OT)	Beginning Date of Service	Ending Date of Service	Number of Visits (Visits per Therapy and if initial request) (If extension request, please provide supporting therapy notes)	Comments
1				
2				
3				
4				
5				
6				
7				
8				

If you have questions about benefits, please call Customer Service at 1-800-826-0940 or 920-720-1300.
 If there is insufficient information, the form will be returned.

NHP Only: Care Management Coordinator _____ Date Authorized: _____ Authorization #: _____