

# Services that require precertification

Effective January 1, 2015, this list applies to all AmeriHealth HMO and POS products, including Flex products.

This applies to services performed on an elective, nonemergency basis

Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded.

## Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

## Procedures

- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery and associated supplies/ bone-anchored (osseointegrated) hearing aids, implantable bone conduction hearing aids
- Obesity surgery
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted

## Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/ptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Genetically and bio-engineered skin substitutes for wound care

- Hair transplant
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat-removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Sex reassignment surgery
- Surgery for varicose veins, including perforators and sclerotherapy

## Any procedure, device, or service that may potentially be considered experimental, or investigational including:

- New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

## Elective (nonemergency) ground, air, and sea ambulance transportation

## Outpatient private-duty nursing

## Day rehabilitation programs

## Outpatient radiation therapy\*



## Radiology†

- CT
- Echocardiography services
  - Stress echocardiography (SE)
  - Testing transthoracic echocardiography (TTE)
  - Transesophageal echocardiography (TE)
- MRA
- MRI
- Nuclear cardiology
- PET scans

## All home-care services (including infusion therapy in the home)

### Prosthetics/orthoses including:

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components

### Selected durable medical equipment (DME)

- Bone growth stimulators
- Bone-anchored hearing aids
- Continuous positive airway pressure (CPAP) devices, bi-level (Bi-PAP) devices, and all supplies†
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- External defibrillator and associated accessories
- High frequency chest wall oscillation generator system
- Manual wheelchairs with the exception of those that are rented

- Negative pressure wound therapy
- Neuromuscular stimulators
- Power operated vehicles (POV)
- Pressure reducing support surfaces including:
  - Air fluidized bed
  - Non powered advanced pressure reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items, as well as orthoses and prosthetics that require precertification
- Speech generating devices

## Medical foods

## Hyperbaric oxygen therapy

## Proton beam therapy

## Sleep studies (facility based)

## All transplant procedures, with the exception of corneal transplants

## Mental health/serious mental illness/substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (RTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

## Autism Spectrum Disorders

- Applied behavioral analysis

†Precertification performed by AIM Specialty Health®.

# Specialty drugs requiring precertification

All listed brands and their generic equivalents require precertification. This list is subject to change.

## Infusion therapy drugs

### Antineoplastic agents

- Abraxane<sup>®</sup>
- Adcetris<sup>®</sup>
- Alimta<sup>®</sup>
- Avastin<sup>®</sup> (except for ophthalmological conditions)
- Beleodaq<sup>®</sup>
- Erbitux<sup>®</sup>
- Folutyn<sup>®</sup>
- Halaven<sup>®</sup>
- Herceptin<sup>®</sup>
- Istodax<sup>®</sup>
- Jevtana<sup>®</sup>
- Kadcycla<sup>®</sup>
- Kyprolis<sup>®</sup>
- Perjeta<sup>®</sup>
- Provenge<sup>®</sup>
- Rituxan<sup>®</sup>
- Xofigo<sup>®</sup>
- Yervoy<sup>™</sup>

### Anti-PD1 human monoclonal antibodies\*

- Keytruda<sup>™</sup>
- Opdivo<sup>®</sup>

### Cardiovascular agents

- Flolan<sup>®</sup>
- Remodulin<sup>®</sup>
- Veletri<sup>®</sup>

### Enzyme replacement agents\*

- Aldurazyme<sup>®</sup>
- Cerezyme<sup>®</sup>
- Elaprase<sup>®</sup>
- Elelyso<sup>®</sup>
- Fabrazyme<sup>®</sup>
- Lumizyme<sup>®</sup>
- Myozyme<sup>®</sup>
- Naglazyme<sup>®</sup>
- Replagal<sup>®†</sup>
- Vimizim<sup>™</sup>
- VPRIV<sup>®</sup>

### Hemophilia factors\*

#### Hereditary angioedema agents\*

- Berinert<sup>®</sup>
- Cinryze<sup>®</sup>

#### Immunological agents

- Actemra<sup>®</sup>
- Benlysta<sup>®</sup>
- Entyvio<sup>™</sup>
- Orencia<sup>®</sup>
- Remicade<sup>®</sup>
- Simponi<sup>®</sup> Aria
- Tysabri<sup>®</sup>

#### Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)\*

#### Miscellaneous therapeutic agents

- Ampligen<sup>®†</sup>
- Soliris<sup>®</sup>
- Sylvant<sup>™</sup>

#### Respiratory enzymes (Alpha-1 antitrypsin)\*

- Aralast
- Glassia<sup>™</sup>
- Prolastin<sup>®</sup>
- Zemaira<sup>®</sup>

## Medical injectable drugs

### Antineoplastic agents

- Synribo<sup>™</sup>

### Botulinum toxin agents

- Botox<sup>®</sup>

### Endocrine/metabolic agents

- H.P. Acthar<sup>®</sup>
- Makena<sup>®</sup>

### Hereditary angioedema agents\*

- Kalbitor<sup>®</sup>
- Ruconest<sup>®</sup>

### Hyaluronate acid products

- Euflexxa<sup>™</sup>
- Gel-One<sup>®</sup>
- Hyalgan<sup>®</sup>
- Monovisc<sup>®</sup>
- Supartz<sup>®</sup>

### Immunological agents

- Prolia<sup>®</sup>
- Stelara<sup>®</sup>
- Xgeva<sup>®</sup>

### Respiratory agents

- Synagis<sup>®</sup>
- Xolair<sup>®</sup>

\*All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names, as well as new drugs that are approved by the FDA for that indication during the course of the benefit year.

†Pending FDA approval.

