

In-Network

Inpatient Services

- All Non-Emergency Inpatient Admissions
- Acute Rehabilitation
- Alcohol and Drug Abuse
- Biologically Based Mental Illness and Non-Biologically Based Mental Illness Health Care
- Chemotherapy, when administered in a facility
- Hospice
- Hospital Services
- Maternity (Prenotification only is requested)
- Oral Surgery, when performed in a facility
- Organ Transplants
- Respiratory Therapy Services
- Routine Costs Associated With Qualifying Clinical Trials
- Skilled Nursing Facility

Outpatient Services

- Ambulance Services: Non-Emergency Service
- Anesthesia: For outpatient Epidural Injection and Covered General Anesthesia services for Dental Care
- Birth Center (Prenotification only is requested)
- Cardiac, Pulmonary, Speech, and Lymphedema Rehabilitation Therapy
- Chemotherapy in an Outpatient Facility
- Day Rehabilitation Program
- Dental Services as a result of Accidental Injury
- Drug Abuse and Dependency Treatment
- Durable Medical Equipment: All rentals and items over \$500 billed amount, including repairs and replacements, except for oxygen, diabetic supplies, and unit dose medication for nebulizers.
- Home Health Care (including Private Duty Nursing)

Out-of-Network

- Inpatient admissions to any Facility Provider
- Outpatient Private Duty Nursing
- Durable Medical Equipment for any single item that costs more than \$1,500
- Orthotic Devices (all rentals and items over \$1,500 in the billed amount, including repairs and replacements). Preapproval is not required for Orthotic Appliances.
- Prosthetic Devices (all rentals and items over \$1,500 in the billed amount, including repairs and replacements). Preapproval is not required for Prosthetic Appliances.
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA); Positron Emission Tomography (PET Scan); Computed Tomography (CT and CTA Scans); Nuclear Cardiology Imaging
- Precertification is not required for inpatient Maternity admissions

Preapproval is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the preapproval is issued and when approved services are provided. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request.

In addition to the preapproval requirements listed above, you should contact AmeriHealth and provide prenotification for certain categories of treatment so you will know prior to administering treatment whether it is a covered service. The categories of treatment (in any setting) include:

- any surgical procedure that may be considered potentially cosmetic;
- any procedure, treatment, drug, or device that represents "new or emerging technology," including Infusion Therapy drugs newly approved by the FDA;
- services that might be considered experimental/investigative.

The above list of services requiring preapproval is subject to change. For questions about preapproval, please call Customer Service at 1-800-275-2583. You can also go to www.amerihhealth.com/providers/preapproval to learn more about preapproval requirements for all products.

- Infusion Therapy in a home setting
- Infusion Therapy in an Outpatient Facility or office setting for the following Infusion Therapy drugs: Aldurazyme[®], Aredia[®], Avastin[®] (except for certain ophthalmological conditions), Boniva[®], Ceredase[®], Cerezyme[®], Elaprase[®], Eloxatin[®], Erbitux[®], Fabrazyme[®], Herceptin[®], IVIG, Myozyme[®], Orenicia[®], Remicade[®], Rituximab, Tysabri[®].

Note: Infusion drugs that are newly approved by the FDA during the effective term of the contract are considered new and emerging technology and will be subject to Preapproval requirements, pending notification of the plan.

- Medical Injectables: Botox[®], Synagis[®], and Hyaluronan Agents (Synvisc[®], Hyalgan[®], Supartz[®], Orthovisc[®], Euflexxa[™]).
- Non-Biologically Based Mental Illness Health Care
- Nutritional Counseling
- Oral Surgery when in a facility
- Orthotics: All rentals and items over \$500 billed amount, including repairs and replacements (except for orthotic appliances)
- Prosthetics: Items over \$500 billed amount, including repairs and replacements. Preapproval is not required for ostomy supplies and prosthetic appliances.
- Respiratory Therapy Services
- Routine Costs Associated with Qualifying Clinical Trials
- Specialist Services: For Referrals by Primary Care Physicians to non-Participating Providers

Diagnostic Services

- Computed Tomography (CT and CTA Scans)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology Imaging
- Positron Emission Tomography (PET Scan)

Surgical Procedures (regardless of place of service)