

	In-Network	Out-of-Network
All Non-Emergency Inpatient Admissions (except Maternity Admissions)	Required	Required
Outpatient Surgical Procedures		
▪ Bunionectomy	Required	Required
▪ Cataract Surgery	Not Required	Required
▪ Laparoscopic Cholecystectomy	Required	Required
▪ Hemorrhoidectomy	Required	Required
▪ Hernia Repair	Not Required	Required
▪ Arthroscopic Knee Surgery/ Diagnostic Arthroscopy	Required	Required
▪ Ligation and Stripping of Varicose Veins	Required	Required
▪ Obesity Surgery	Required	Required
▪ Orthognathic Surgery Procedures	Required	Required
▪ Prostate Surgery	Not Required	Required
▪ Spinal/Vertebral Surgery	Not Required	Required
▪ Submucous Resection (nasal surgery)	Required	Required
▪ Tonsillectomy and/or Adenoidectomy	Required	Required
Transplants	Required	Required
Operative and Diagnostic Endoscopies	Not Required	Required
Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)	Required	Required
Computed Tomography (CT) Scanning	Required	Required
Positron Emission Tomography (PET) Scanning	Required	Required
Nuclear Cardiac Studies	Required	Required
Outpatient Therapies: Speech, Cardiac Rehabilitation, Pulmonary Rehabilitation, Respiratory	Required	Required
Outpatient Private Duty Nursing	Required	Required

Other Facility Services: Skilled Nursing, Inpatient Hospice, Home Health, and Birthing Center

Inpatient Mental Illness Care (other than for Serious Mental Illness)

Inpatient Serious Mental Illness Care/Treatment for Alcohol Abuse

Inpatient Treatment for Drug Abuse and Dependency

Outpatient Mental Illness Care (other than for Serious Mental Illness) — In-Network only

Outpatient Treatment for Drug Abuse and Dependency — In-Network only

Non-Emergency Ambulance

Prosthetics and Orthotics: Purchase items (including repairs and replacements) over \$500 (except ostomy supplies and mandated Prosthetic and Orthotic appliances)

Durable Medical Equipment: Purchase items (including repairs and replacements) over \$500 and all Rentals (except oxygen diabetic supplies, and unit dose medication for nebulizer)

Medical Injectables: Botox[®], Synagis[®], and Hyaluronan Agents (Synvisc[®], Hyalgan[®], Supartz[®], Orthovisc[®], Euflexxa[™])

Infusion Therapy in a Home Setting

Infusion Therapy Drugs administered in an Outpatient Facility or in a Professional Provider's Office: Aldurazyme[®], Aredia[®], Avastin[®] (except for certain ophthalmological conditions), Boniva[®], Ceredase[®], Cerezyme[®], Elaprase[®], Eloxatin[®], Erbitux[®], Fabrazyme[®], Herceptin[®], IVIG, Myozyme[®], Orenicia[®], Remicade[®], Rituximab, Tysabri[®].

Precertification 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 precertification 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 precertification 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. This applies to AmeriHealth PPO network providers and members who elect to receive treatment provided by non-preferred (out-of-network) providers. 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";
- services that might be considered experimental/investigative.

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