

Preapproval is required for charges incurred in connection with:

- **Durable Medical Equipment**
- **Extended Care and Rehabilitation**
- **Home Health Care**
- **Hospice Care**
- **Infusion Therapy**
- **Prosthetic Devices**
- **Autologous Bone Marrow Transplant and Associated Dose Intensive Chemotherapy for treatment of breast cancer**
- **Fertility Services**
- **Nutritional Counseling**

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.

PENALTIES: It is the network provider's responsibility to obtain preapproval for the services listed. Members are held harmless from financial penalties if the network provider does not obtain preapproval.

The preapproval list is subject to change. For questions about preapproval, please call Customer Service at 1-800-275-2583, prompt 2 for Provider Services. You can also go to www.amerhealth.com/providers/preapproval to learn more about preapproval requirements for all products.