AmeriHealth 51+ HMO

Services that require preapproval
HMO Split Copay Plans

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Inpatient Services

- Surgical and non-surgical inpatient admissions
- Acute Rehabilitation
- Skilled Nursing Facility
- Inpatient Hospice
- Maternity (prenotification only is requested)

Outpatient Services

- Computed Tomography (CT and CTA Scans)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Nuclear Cardiology Imaging
- Positron Emission Tomography (PET Scan)
- Hysterectomy
- Cataract Surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Obesity Surgery
- Sleep Studies
- Uvulopalatopharyngoplasty (including laser assisted)

Cardiac and Pulmonary Rehabilitation Therapies

All Home Care Services (including Home Infusion Therapy)

Infusion Therapy Drugs in an Outpatient Facility or in an office setting for the following Infusion Therapy Drugs: Aldurazyme®, Aredia®, Avastin®, Boniva®, Ceredase®, Cerezyme®, Elaprase®, Erbitux®, Fabrazyme®, Genasense®, Herceptin®, IVIG, Myozyme®, Orencia®, Remicade®, Respigam®, Tysabri®.

Birth Center (prenotification only is requested)

Ambulance Services (non-Emergency Services)

Outpatient Private Duty Nursing

Prosthetics and Orthotics — Purchase items over $500, including repairs and replacements (except ostomy supplies)

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

Reconstructive Procedures & Potentially Cosmetic Procedures

- Abdominoplasty
- Augmentation Mammoplasty
- Blepharoplasty
- Chemical Peels
- Dermabrasion
- Excision of Redundant Skin
- Keloid Removal
- Lipectomy/Liposuction
- Orthognathic Surgery Procedures
- Mastopexy
- Otoplasty
- Panniculectomy
- Reduction Mammoplasty
- Removal or Reinsertion of Breast Implants
- Rhinoplasty
- Surgery for Varicose Veins
- Scar Revision
- Subcutaneous Mastectomy for Gynecomastia

Non-Biologically Based Mental Illness/Drug Abuse and Dependency Treatment and Biologically Based Mental Illness/Alcohol Abuse Treatment

- Outpatient Non-Biologically Based Mental Illness/Drug Abuse and Dependency Treatment (Not Alcohol Abuse Treatment)
- Inpatient Non-Biologically Based Mental Illness/Inpatient Drug Abuse and Dependency Treatment
- Inpatient Biologically Based Mental Illness/Inpatient Alcohol Abuse Treatment

Services by a Nonparticipating Physician/Provider for non-Emergency services

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 preapproval 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";**
- **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, prompt 2 for Provider Services. You can also go to *www.amerihealth.com/providers/preapproval* to learn more about preapproval requirements for all products.