AmeriHealth 51+ POS

Services that require preapproval

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In-Network

Inpatient Services

- 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

Diagnostic Services

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

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
- 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
- Infusion Therapy in a home setting
- Infusion Therapy in an Outpatient Facility or 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®.
  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.
- Injections
- Non-Biologically-Based Mental Illness Health Care
- Drug Abuse and Dependency Treatment
- Nutritional Counseling
- Oral Surgery when in a facility
- Orthotics - all rentals and items over $500 billed amount, including repairs and replacements
- Prosthetics (items over $500 billed amount, including repairs and replacements. Preapproval is not required for ostomy supplies.)
- Respiratory Therapy Services
- Routine Costs Associated with Qualifying Clinical Trials
- Specialist Services – for Referrals by Primary Care Physicians to non-Participating Providers

Surgical Procedures (regardless of place of service)

Out-of-Network

- Inpatient admissions to any Facility Provider
- Outpatient Private Duty Nursing
- Durable Medical Equipment for any single item that costs more than $1500
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA); Positron Emission Tomography (PET Scan); Computed Tomography (CAT Scan); 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.

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.