AmeriHealth 51+ POS Coinsurance

Services that require precertification

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Inpatient Services

- Surgical and Non-Surgical Inpatient Admissions (including Transplants)
- Acute Rehabilitation
- Skilled Nursing Facility
- Inpatient Hospice
- Maternity (notification only)

Outpatient Services

- Computed Tomography (CT) Scanning
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Nuclear Cardiac Studies
- Positron Emission Tomography (PET) Scanning
- Hysterectomy
- Cataract Surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Day Rehabilitation Programs
- Comprehensive Outpatient Pain Management Programs (including epidural injections)
- Dental Services as a result of Accidental Injury
- Obesity Surgery
- Sleep Studies
- Uvulopalatopharyngoplasty (including laser assisted)

All Home Care Services

(including Infusion Therapy in the home)

Drugs listed which are given by Infusion Therapy when such Infusion Therapy is provided in an Outpatient Facility or a Professional Provider's Office: Aldurazyme®, Aredia®, Avastin®, Boniva®, Ceredase®, Cerezyme®, Elaprase®, Erbitux®, Fabrazyme®, Genasense®, Herceptin®, IVIG, Myozyme®, Orencia®, Remicade®, Respigam®, Tysabri®.

Birth Center (notification only)

Elective Ambulance Services — Non-Emergency

Outpatient Private Duty Nursing

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 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
- Mastopexy
- Orthognathic Surgery Procedures
- Otoplasty
- Panniculectomy
- Reduction Mammoplasty
- Removal or Reinsertion of Breast Implants
- Rhinoplasty
- Scar Revision
- Subcutaneous Mastectomy for Gynecomastia
- Surgery for Varicose Veins

Mental Illness Care (other than for Serious Mental Illness)/Serious Mental Illness Care/Treatment for Alcohol Abuse/Treatment for Drug Abuse and Dependency

- Inpatient:
  - Mental Illness Care (other than for Serious Mental Illness)
  - Serious Mental Illness/Treatment for Alcohol Abuse
  - Treatment for Drug Abuse and Dependency
- Outpatient:
  - Mental Illness Care (other than for Serious Mental Illness) (Outpatient/Partial Hospital) — In-Network only
  - Treatment for Drug Abuse and Dependency (Outpatient/ Partial Hospital) — In-Network only

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 for certain categories of treatment so you will know prior to administering treatment whether it is a covered service. This applies to network providers and patients who elect to receive treatment provided by non-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 is subject to change. For questions about precertification, 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 precertification requirements for all products.