AmeriHealth 51+ PPO

Services that require precertification

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- **All Non-Emergency Inpatient Admissions** (except Maternity Admissions)
- **Outpatient Surgical Procedures**
  - Bunionectomy
  - Cataract Surgery
  - Laparoscopic Cholecystectomy
  - Hemorrhoidectomy
  - Hernia Repair
  - Arthroscopic Knee Surgery/Diagnostic Arthroscopy
  - Ligation and Stripping of Varicose Veins
  - Obesity Surgery
  - Orthognathic Surgery Procedures
  - Prostate Surgery
  - Spinal/Vertebral Surgery
  - Submucous Resection (nasal surgery)
  - Tonsillectomy and/or Adenoidectomy
- **Transplants**
- **Operative and Diagnostic Endoscopies**
- **Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)**
- **Computed Tomography (CT) Scanning**
- **Positron Emission Tomography (PET) Scanning**
- **Nuclear Cardiac Studies**
- **Outpatient Therapies:** Speech, Cardiac Rehabilitation, Pulmonary Rehabilitation, Respiratory
- **Outpatient Private Duty Nursing**
- **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/Partial Mental Illness Care** (other than for Serious Mental Illness) — In-Network only
- **Outpatient/Partial 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)
- **Infusion Therapy in a Home Setting**
- **Infusion Therapy Drugs administered in an Outpatient Facility or in a Professional Provider's Office**

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.

The precertification list 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/index.html* to learn more about precertification requirements for all products.