AmeriHealth HMO

Individual Health Standard Plan

Services that require preapproval

- Ambulance Services
- Home Health Care
- Hospice Services
- Non-Biologically Based Mental Illness and Substance Abuse
- Skilled Nursing Facility/Extended Care Center
- Nutritional Counseling
- Oral Surgery
- Non-Network Inpatient Hospice, Hospital, Rehabilitation Center, and Skilled Nursing Center
- Benefits
- Private Inpatient Accommodations

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.amerihealth.com/providers/preapproval* to learn more about preapproval requirements for all products.