AmeriHealth SEH HMO

Services that require preapproval

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Preapproval is required for charges incurred with:

- Home Health Care
- Nutritional Counseling
- Ambulance Service
- Inpatient Hospital
- Skilled Nursing Center
- Hospice Services
- In-Network Inpatient Private Accommodations
- The exchange of Inpatient Non-Biologically Based Mental Illness and Substance Abuse days for Outpatient days

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.