AmeriHealth SEH HMO Plus

Services that require preapproval

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Inpatient Services

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

Outpatient Facility/Office Services (other than inpatient)

- Computed Tomography (CT Scans)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiac Studies
- Positron Emission Tomography (PET Scan)
- Hysterectomy
- Cataract Surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Comprehensive Outpatient Pain Management Programs (including epidural injections)
- Obesity Surgery
- Sleep Studies
- Uvulopalatopharyngoplasty (including laser assisted)

All Home Care Services

(including Infusion Therapy in the home)

Infusion Therapy Drugs 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®.

Birthing Center (for notification only)

Elective (non-emergency) Ambulance Transport

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

Biologically-based Mental Illness/Non-Biologically based Mental Illness/Substance Abuse/Alcohol Abuse

- Network Outpatient Non-Biologically based Mental Illness Treatment/Substance Abuse Treatment (not Alcohol Abuse)
- Inpatient Non-Biologically based Mental Illness Treatment/Inpatient Substance Abuse Treatment
- Inpatient Biologically-based Mental Illness Treatment/ Inpatient Alcohol Abuse Treatment

Services by a Non-Participating Physician/Provider for Non-Emergency Services

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.

In addition to the preapproval 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.**

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.