# Services that require precertification

As of January 1, 2026, this list applies to AmeriHealth Medicare Advantage. This applies to services performed on an elective, non-emergency basis.

Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded.

For your reference, we have published a list of medical codes for services that require precertification, which is available on our Medical Policy Portal for **Medicare Advantage** members.

## Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long-term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

## Cardiology procedures†

- Arterial ultrasound
- Diagnostic coronary angiography
- Percutaneous coronary intervention

## Procedures

- Bone graft substitutes and bone morphogenetic proteins for spine surgery†
- Cervical decompression with or without fusion†
- Cervical disc arthroplasty†
- Cochlear implant surgery
- Hip arthroplasty†
- Hip arthroscopy and open procedures†
- Knee arthroplasty†
- Knee arthroscopy and open procedures†
- Lumbar disc arthroplasty†
- Lumbar discectomy, foraminotomy, and laminotomy†
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis)†
- Lumbar laminectomy†
- Meniscal allograft transplantation of the knee†
- Obesity surgery
- Shoulder arthroplasty†
- Shoulder arthroscopy and open procedures†
- Treatment of osteochondral defects†
- Vertebroplasty/kyphoplasty†

## Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/ptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Gender-affirming interventions
- Genetically and bio-engineered skin substitutes for wound care
- Gynecomastia
- Hair transplant
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat-removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin flaps
  - Skin grafts
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

## Day rehabilitation programs

## Elective (non-emergency) ground, air, and sea ambulance transportation

†Precertification performed by Carelon, an independent company. Precertification review benefit varies based on decision by member's employer group.

AmeriHealth®

© 2026 AmeriHealth
Coverage issued by AmeriHealth HMO, Inc.

Y0041_H5361_AH_26_127199_M

## Outpatient private-duty nursing

## Outpatient radiation therapy*

## Interventional pain management services†

- Epidural injection procedures and diagnostic selective nerve root blocks
- Implanted spinal cord stimulators
- Paravertebral facet injection/nerve block/neurolysis
- Regional sympathetic nerve block
- Sacroiliac joint injections

## Radiology†

- CT
- CTA
- Echocardiography services
  - Resting transthoracic echocardiography (TTE)
  - Stress echocardiography (SE)
  - Transesophageal echocardiography (TEE)
- MRA
- MRI
- Nuclear cardiology
- PET scans

## Home-care services

**(Precertification review for PA Medicare lines of business is provided by Tango, an independent company.)**

## Prosthetics/orthoses including:

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components

## Selected durable medical equipment (DME)

- Bone growth stimulators
  - Low-intensity ultrasound noninvasive bone growth stimulation
  - Other than spinal noninvasive electrical bone growth stimulation
  - Spinal noninvasive electrical bone growth stimulation†
- Bone-anchored (osseointegrated) hearing aids
  - Bone conduction hearing aids
  - Cochlear implants
- Continuous positive airway pressure (CPAP) devices, bi-level (Bi-PAP) devices, and all supplies†
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- Insulin pumps
- Manual wheelchairs with the exception of those that are rented
- Negative-pressure wound therapy
- Neuromuscular stimulators
- Power-operated vehicles (POV)
- Pressure-reducing support surfaces including:
  - Air-fluidized bed
  - Non-powered advanced pressure-reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure-reducing mattress
- Push rim activated power-assist devices
- Repair or replacement of all DME items, as well as orthoses and prosthetics that require precertification
- Speech-generating devices

## Medical foods

## Hyperbaric oxygen therapy

## Proton beam therapy*

## In-lab/facility sleep studies†

AmeriHealth®

© 2026 AmeriHealth
Coverage issued by AmeriHealth HMO, Inc.

## All transplant procedures, with the exception of corneal transplants

## Mental health/serious mental illness treatment

- Inpatient mental illness/serious mental illness care
- Partial hospitalization programs
- Intensive outpatient mental illness care
- Repetitive transcranial magnetic stimulation (rTMS)

## Substance abuse (PHP, IOP, OP services that meet Chapter 28 mandate do not require precertification)

- Inpatient substance abuse treatment
- Partial hospitalization programs
- Intensive outpatient substance abuse treatment

## Substance abuse

- Inpatient substance abuse treatment
- Partial hospitalization programs
- Intensive outpatient substance abuse treatment

## Autism spectrum disorders

- Applied behavioral analysis
  (Precertification review for this service is provided by Magellan Healthcare, Inc., an independent company.)

[1] Precertification is performed by Carelon Specialty Health®.

[2] Precertification review is provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore).

AmeriHealth offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.

AmeriHealth Medicare coverage issued by AmeriHealth Insurance Company of New Jersey.

AmeriHealth®

© 2026 AmeriHealth
Coverage issued by AmeriHealth HMO, Inc.

# Genetic and genomic tests requiring precertification*

The following list is a guide to the types of genetic and genomic tests that require precertification.

Due to the volume of tests, it is not possible to list each test separately. To determine if a test requires precertification, please see the complete **procedure code list** for details.

## Hereditary cancer syndromes

- BRCA gene testing (breast and ovarian cancer syndrome)
- Lynch syndrome gene testing
- Familial adenomatous polyposis gene testing
- PTEN gene testing (Cowden syndrome)
- General cancer type panels (such as colon, breast, or neuroendocrine cancers)

## Hereditary heart diseases

- Long QT syndrome gene testing
- Aortic dilation or aneurysm syndrome testing (includes Marfan syndrome)

## Other full gene analysis testing

- Cystic fibrosis full gene sequencing and deletion/duplication analysis
- PMP22 full gene sequencing and deletion/duplication analysis (Charcot-Marie-Tooth, hereditary neuropathy)

## Tests for many genetic disorders simultaneously

- Expanded carrier screening panels (such as Carrier Status DNA Insight®, Counsyl Family Prep Screen,Pan-Ethnic Carrier Screening)
- Hearing loss panels
- Intellectual disability panels
- Noonan spectrum disorders panels

## Specialty oncology tests

- Cancer gene expression or protein signature tests (such as OncotypeDX®, MammaPrint®, Afirma®, Prosigna®, HeproDX™)
- Tumor molecular profiling (such as FoundationOne®, neoTYPE™, OncoPlexDx®, and many others)
- Tissue of origin testing (for cancer of unknown primary)
- PCA3 testing for prostate cancer

## Pharmacogenomic tests

- Cytochrome P450 metabolism gene testing (CYP2D6, CYP2C9, CYP2C19)
- Specialized drug response gene panels (such as Assurex GeneSight®, GeneTrait, Genecept®, Millennium PGT℠)
- Warfarin response testing
- MGMT methylation analysis for glioblastoma

## Other specialty tests

- Coronary artery disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6, MTHFR)

## Genome-wide tests

- Microarray studies
- Whole exome testing
- Whole genome testing
- Mitochondrial genome or nuclear testing

## ANY genetic test for more than one gene or condition (often includes words like “panel” or “comprehensive” in the name)

## ANY genetic test that will be billed with a non-specific procedure code

- Billed with CPT® codes 81400 – 81408 (CPT Copyright 2016 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.)
- Billed with an unlisted code: 81479, 81599, 84999

*Precertification performed by Carelon, an independent company. Precertification review benefit varies based on decision by member’s employer group.

AmeriHealth®

© 2026 AmeriHealth
Coverage issued by AmeriHealth HMO, Inc.

Effective 1/1/26
4227350 (01/26)