

Services that require precertification

As of January 1, 2017, this list applies to all AmeriHealth HMO and POS products, including Flex products.

This applies to services performed on an elective, nonemergency 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.

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

Procedures

- Bronchial thermoplasty
- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery and associated supplies/ bone-anchored (osseointegrated) hearing aids, implantable bone conduction hearing aids
- Obesity surgery
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted

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 reassignment surgery

- Genetically and bio-engineered skin substitutes for wound care
- 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

Any procedure, device, or service that may potentially be considered experimental or investigational including:

- New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

Elective (nonemergency) ground, air, and sea ambulance transportation

Outpatient private-duty nursing

Day rehabilitation programs

Outpatient radiation therapy*

Radiology†

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

All home-care services (including infusion therapy in the home)

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
- Bone-anchored hearing aids
- 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
- External defibrillator and associated accessories
- High frequency chest wall oscillation generator system
- 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*

Sleep studies (facility based)†

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (RTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

- Applied behavioral analysis

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

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

†Precertification performed by AIM Specialty Health®.

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 PGTSM)
- 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 2015 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 review is provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore).

Specialty drugs requiring precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

Infusion therapy drugs

Antineoplastic agents

- Abraxane[®]
- Adcetris[®]
- Alimta[®]
- Avastin[®] (except for ophthalmological conditions)
- Beleodaq[®]
- Blincyto[™]
- Cyramza[®]
- Darzalex[™]
- Erbitux[®]
- Erwinaze[®]
- Folutyn[®]
- Halaven[®]
- Herceptin[®]
- Istodax[®]
- Jevtana[®]
- Kadcyla[®]
- Kyprolis[®]
- Perjeta[®]
- Provenge[®]
- Rituxan[®]
- Rituxan Hycela[™]
- Xofigo^{®*}
- Yervoy[™]
- Zevalin^{®*}

Anti PD-1/PD-L1 human monoclonal antibodies[†]

- Bavencio[®]
- Imfinzi[™]
- Keytruda[™]
- Opdivo[®]
- Tecentriq[™]

Cardiovascular agents

- Flolan[®]
- Remodulin[®]
- Veletri[®]

Colony stimulating factors

- Neulasta^{®**}
- Neulasta Onpro[™]

Enzyme replacement agents[†]

- Aldurazyme[®]
- Brineura[™]
- Cerezyme[®]
- Elaprase[®]
- Elelyso[®]
- Fabrazyme[®]
- Kanuma[®]
- Lumizyme[®]
- Myozyme[®]
- Naglazyme[®]
- Replagal^{®‡}
- Vimizim[™]
- VPRIV[®]

Hemophilia/Coagulation factors[†]

Hereditary angioedema agents[†]

- Berinert[®]
- Cinryze[®]

Immunological agents

- Actemra[®]
- Benlysta[®]
- Entyvio[™]
- Inflectra[™]
- Lemtrada[®]
- Ocrevus[™]
- Orenicia[®]
- Remicade^{®**}
- Renflexis[™]
- Simponi[®] Aria
- Tysabri[®]

Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)[†]

Miscellaneous therapeutic agents

- Ampligen^{®‡}
- Cubicin[®]
- Exondys-51[™]
- Remune[†]
- Soliris[®]
- Spinraza[™]
- Sylvant[™]

Respiratory enzymes (Alpha-1 antitrypsin)[†]

- Aralast
- Glassia[™]
- Prolastin[®]
- Zemaira[®]

Medical injectable drugs

Antineoplastic agents

- Faslodex[®]
- Imlygic[™]
- Synribo[™]

Botulinum toxin agents

- Botox[®]

Endocrine/metabolic agents

- H.P. Acthar[®]
- Makena[®]
- Sandostatin[®] LAR

Enzyme replacement agents[†]

- Adagen[®]

Hereditary angioedema agents[†]

- Kalbitor[®]
- Ruconest[®]

Hyaluronate acid products

- Cingal[†]
- Euflexxa[™]
- Gel-One[®]
- Gel-Syn[™]
- GenVisc 850[®]
- Hyalgan[®]
- Hymovis[®]
- Monovisc[®]
- Supartz[®]
- VISCO-3[™]

Immunological agents

- Prolia[®]
- Stelara[®]
- Xgeva[®]

Respiratory agents

- Cinqair[®]
- Nucala[®]
- Synagis[®]
- Xolair[®]

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** Precertification requirements apply to all FDA-approved biosimilars to this originator product.

† All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

‡ Pending FDA approval.

