

# Services that require precertification

As of July 1, 2023, this list applies to all AmeriHealth HMO and POS products, including Flex products.

## 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](#).

### Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Elective inpatient hospital-to-hospital transfers
- 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 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

### Day rehabilitation programs

### Elective (non-emergency) ground, air, and sea ambulance transportation, including inpatient hospital-to-hospital transfers

### **Outpatient/office occupational therapy (required for Medicare Advantage only)**

### **Outpatient/office physical therapy (required for Medicare Advantage only)**

### **Outpatient private-duty nursing**

### **Outpatient radiation therapy\***

### **Interventional pain management services†**

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

### **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
  - 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)

### **Selected durable medical equipment (DME) (continued)**

- 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†**

### **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), an independent company. Precertification review benefit varies based on decision by member's employer group.

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

# 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<sup>SM</sup>)
- 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  
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- Billed with an unlisted code: 81479, 81599, 84999

\*Precertification review is provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member's employer group.

# Specialty drugs requiring precertification

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

## Amyotrophic lateral sclerosis agents

- Radicava®
- Qalsody™

## Antineoplastic agents

- Abraxane®
- Adcetris®
- Adstiladrin®
- Alimta®
- Alymsys®  
(except for ophthalmological conditions)
- Avastin™ ‡
- Avastin™ ‡  
(except for ophthalmological conditions)
- Azedra® †
- Blincyto®
- Cyramza®
- Darzalex®
- Darzalex Faspro™
- Elahere®
- Enhertu
- epcoritamab\*
- Erbitux®
- Erwinaze®
- glofitamab\*
- Herceptin® ‡
- Herceptin Hylecta™
- Herzuma®
- Imjudo®
- Kadcyła®
- Kanjinti™
- Kimmtrak®
- Kyprolis®
- Lumoxiti™
- Lunsumio™
- Margenza™
- mirvetuximab soravtansine\*
- Monjuvi®
- mosunetuzumab\*
- Mvasi™
- (except for ophthalmological conditions)
- nogapendekin alfa inbakicept\*
- Ogivri™
- Ontruzant®
- Opdualag™
- oportuzumab monatox\*
- Padcev™
- Pemfexy™
- Perjeta®
- Phesgo™
- Pluvicto™ †
- Polivy™
- Poteligeo™
- Provenge®
- Riabni™
- Rituxan® ‡
- Rituxan Hycela™
- Ruxience™
- Rybrevant™
- Rylaze™
- Sarclisa®
- SH-111\*
- Taclantis\*
- Tecvayli™
- Tivdak™
- trastuzumab duocarmazine\*
- Trazimera™
- tremelimumab\*
- Trodelvy™
- Truxima®
- Vegzelma®  
(except for ophthalmological conditions)
- Xofigo® †

- Yervoy™
- Zepzelca™
- Zevalin® †
- Zirabev®  
(except for ophthalmological conditions)
- Zynlonta™

## Anti PD-1/PD-L1 human monoclonal antibodies\*\*

- balstilimab\*
- Bavencio®
- Imfinzi™
- Jemperli
- Keytruda™
- Libtayo®
- Opdivo®
- penpulimab\*
- retifanlimab\*
- sintilimab\*
- Tecentriq™
- tislelizumab\*
- toripalimab\*

## Bone-modifying agents

- Evenity®
- Prolia®
- Xgeva®

## Botulinum toxin agents

- Botox®

## Chemotherapy-induced nausea and vomiting (CINV) agents

- Sustol®

## Chimeric antigen receptor (CAR-T) therapies\*\*

- Abecma™
- Breyanzi®
- Carvykti™
- Kymriah™
- Tecartus™
- Yescarta™

## Endocrine/metabolic agents

- Acthar H.P.®
- cosyntropin depot\*
- Lutathera® †
- Makena®
- Sandostatin® LAR
- Somatuline® depot

## Enzyme replacement agents\*\*

- Aldurazyme®
- Brineura™
- Cerezyme®
- cipaglucosidase alfa\*
- Elaprase®
- Elelyso®
- Fabrazyme®
- Kanuma®
- Lamzede®
- Lumizyme®
- Mepsevii™
- Naglazyme®
- Nexviазyme®
- pegunigalsidase alfa\*
- Revcovi™
- Vimizim™
- VPRIV®
- Xenpozyme®

## Gene replacement/gene editing therapies\*\*

- beremagene geperpavec\*
- etranacogene dezaparvovec\*
- Luxturna™
- Roctavian\*
- Skysona™
- Zolgensma®
- Zynteglo®

## Hemophilia/Coagulation factors\*\*

### Hyaluronate acid products

- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synjoyn™
- Triluron™
- TriVisc™
- VISCO-3®

## Immunological agents

- Actemra® IV
- Avsola™
- Benlysta® IV
- Entyvio™
- Ilumya™
- Inflectra™
- Infliximab (unbranded)
- Ixifi™
- mirikizumab\*
- Orenicia® IV
- Remicade® ‡
- Renflexis™
- Saphnelo™
- Simponi® Aria
- Skyrizi® IV
- Spevigo®
- Stelara® IV

## Intravenous Immune Globulin/ Subcutaneous Immune Globulin (IVIG/SCIG)\*\*

### Myasthenia gravis agents\*\*

- rozanolixizumab\*

### Multiple sclerosis agents\*\*

- Briumvi™
- Lemtrada®
- Ocrevus™
- Tysabri®
- ublituximab\*

## Neutropenia

- efbemalenograstim alfa\*
- Fulphila™
- Fylnetra™
- Lapelga\*
- Neulasta® ‡
- Neulasta Onpro™
- Neupogen®
- Nivestym®
- Nyvepria™
- plinabulin\*
- Releuko™
- Rolvedon™
- Stimufend®
- Udenyca™
- Ziextenzo®

## Ophthalmic agents

- abicipar\*
- aflibercept (high-dose)\*
- Beovu®
- bevacizumab-vikg\*
- Byooviz™
- Cimerli™
- Eylea® ‡
- Lucentis® ‡
- Susvimo™
- Tepezza™
- Vabysmo®

## Pulmonary arterial hypertension\*\*

- Flolan®
- Remodulin®
- Revatio®
- Trevyent\*
- Tyvaso®
- Veletri®
- Ventavis®

## Respiratory agents

- Cinqair®
- Synagis®
- Tezspire™
- Xolair®

## Respiratory enzymes (Alpha-1 antitrypsin)\*\*

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

## Miscellaneous therapeutic agents

- Adakveo®
- Amvuttra™
- Cosela®
- Crysvida®
- donislecel\*
- Enjaymo™
- Evkeeza™
- Gamifant®
- Givlaari®
- Ilaris®
- Krystexxa®
- Leqvio®
- narsoplimab\*
- Onpatro™
- Oxlumo®
- pozelimab\*
- Reblozyl®
- Rethymic™
- Soliris® ‡
- Spinraza™
- Tzield™
- Ultomiris™
- Uplizna™
- Vyepti™
- Vyvgart™
- Xiaflex®

Coverage issued by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey.

\* Pending FDA approval.

\*\* 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.

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‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.