AmeriHealth New Jersey services that require precertification

Applies to services preformed on an elective, non-emergency basis.

**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:**
- Carticel (ACI), Osteochondral Allograft and Autograft Transplantations
- Cochlear Implants 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
- Caithoplasty/Canthoplasty
- Cervicoplasty
- Chemical Peels
- Dermabrasion
- Excision of Excessive Skin and/or Subcutaneous Tissue
- Genetically and Bio-Engineered Skin Substitutes for wound care
- Hair Transplant
- Injectable Dermal Fillers
- Keloid Removal
- Lipoctomy, Liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar Revision
- Skin closures including:
  - Skin Grafts
  - Skin Flaps
  - Tissue Grafts
- Sex Reassignment Surgery
- 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,
- 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:**
- External beam including 2D, 3D conformal, intensity-modulated radiation therapy (IMRT), tomotherapy, image-guided radiation therapy (IGRT), stereotactic body radiation therapy (SBRT), and stereotactic radiosurgery (SRS);
- Proton beam radiation therapy;
- Brachytherapy including low-dose rate (LDR), high-dose rate (HDR), and outpatient intra-operative techniques (IORT);
- Hyperthermia;
- Neutron radiotherapy;
- Radio-labeled drugs used for radiation therapy (e.g., Radium Ra 223 dichloride [Xofigo®], ibritumomab tiuxetan [Zevalin®])

**Radiology**
- CT Scans
- MRA
- MRI
- Nuclear Cardiology
  - Stress echocardiography (SE)
  - Resting transthoracic echocardiography (TTE)
  - Transesophageal echocardiography (TEE)
- PET Scan

**All Home-care Services**
(including infusion therapy in the home)

**Selected Durable Medical Equipment (DME):**
- Bone growth stimulators
- Bone-anchored hearing aids
- Continuous Positive Airway Pressure (CPAP) devices and Bi-level (Bi-PAP) devices and supplies
- Dynamic Adjustable and Static Progressive Stretching devices (excludes CPMS)
- Electric, power, and motorized wheelchairs, including custom accessories
- External defibrillator and associated accessories
- Follow New Jersey Orthotics and Prosthetics Mandate, as applicable.
  - Items addressed by the mandate do not require precertification
- High frequency chest wall oscillation generator system
- 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  
Powered air flotation bed (low air loss therapy)  
Powered pressure reducing mattress  
Non powered advanced 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 illness care/substance abuse treatment:**
- Inpatient mental illness care  
- Inpatient substance abuse treatment  
- Intensive outpatient mental illness care/substance abuse treatment  
- Partial hospitalization programs  
- Repetitive Transcranial Magnetic Stimulation

**In-network level of benefits for nonparticipating providers for non-emergent services unavailable in-network by members who have plans without an out-of-network benefit.**

**Infusion therapy drugs:**
- **Antineoplastic agents:** Abraxane®, Adcetris®, Alimta®, Avastin® (except for certain ophthalmological conditions), Beleodaq®, Blynctic®, Cyramza®, Erbitux®, Folotyn®, Halaven™, Herceptin®, Istonix®, Jevtana®, Kadryla™, Kryrolis®, Perjeta®, Provenge®, Rituxan®, Xofigo™, Yervoy™, and Zevalin®.  
- **Anti-PD-1 human monoclonal antibodies:** Keytruda®, and Opdivo®.  
- **Cardiovascular agents:** Flolan®, Remodulin®, and Veletri®.  
- **Enzyme replacement agents:** Aldurazyme®, Cerezyme®, Elaprase®, Eleyso®, Fabrazyme®, Kanuma™, Lumizyme®, Myozyme®, Naggazyme®, Replagel®, Vimizim™, and VPRIV®.  
- **Hemophilia factors**.  
- **Hereditary angioedema agents:** Berinert®, and Cinryze®.  
- **Immunological agents:** Actemra®, Benlysta®, Entvylo™, Lemtrada®, Ocrevus®, Remicade®, Simponi Aria®, and Tysabri®.  
- **Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG).**  
- **Miscellaneous therapeutic agents:** Ampligen®, Soliris®, and Sylzain™.  
- **Respiratory enzymes (Alpha-1 antitrypsin):** Aralast, Glassia™, Prolastin®, and Zemaire®.

**Medical injectable drugs:**
- **Antineoplastic agents:** Synribo™, Imlygic.  
- **Botulinum toxin agents:** Botox®.  
- **Endocrine/metabolic agents:** Acthar, and Makena™.  
- **Enzyme replacement agents**: Adagen.  
- **Hereditary angioedema agents**: Kalbitor®, and Ruconest®.  
- **Hyaluronate acid products:** Euflexxa™, Gel-One®, Hyalgan®, Monovisc®, and Supartz®.  
- **Immunological agents:** Prolia®, Stelara®, and Xgeva™.  
- **Miscellaneous therapeutic agents:** mepolizumab.  
- **Respiratory agents:** Synagis®, and Xolair®.  

*Pending FDA approval.  
**Precertification review for this drug is provided by CareCore National, LLC dba eviCore healthcare.  
***Precertification requirements apply to all FDA-approved biosimilars to Remicade (infliximab).  
1All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names as well as new drugs that are approved by the FDA for that indication during the course of the benefit year.

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 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 New Jersey and provide prenotification for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. The categories of treatment (in any setting) that require prenotification include:
- Any surgical procedure that may be considered potentially cosmetic;  
- Any procedure, treatment, drug, or device that represents “new or emerging technology,” including infusion therapy drugs newly approved by the FDA;  
- Services that might be considered experimental/investigative.

The above list of services requiring preapproval is subject to change. For questions about preapproval, please call Customer Service at 888-YOUR-AH1 (888-968-7241). You can also go to amerihealthnj.com/html/providers/policies.html to learn more about preapproval requirements for all products.