

AmeriHealth New Jersey services that require precertification

Applies to services performed 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

Cardiology Procedures^a

- Arterial ultrasound
- Diagnostic coronary angiography
- Percutaneous coronary intervention

Procedures

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

Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/ptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mastopexy, 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
- Existing technology and procedures applied for new uses and treatments

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

Outpatient private-duty nursing

Day rehabilitation programs

Outpatient radiation therapy^b

- 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)
- Brachytherapy including low-dose rate (LDR), high-dose rate (HDR), and outpatient intra-operative techniques (IORT)
- Hyperthermia
- Neutron radiotherapy
- Proton beam radiation therapy
- Radio-labeled drugs used for radiation therapy (e.g., Radium Ra 223 dichloride [Xofigo[®]], ibritumomab tiuxetan [Zevalin[®]])

Radiology^a

- PET scans

All home-care services

(including infusion therapy in the home)

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Selected durable medical equipment (DME)

- Bone growth stimulators (non-invasive)
 - Low intensity ultrasound non-invasive bone growth stimulation
 - Other than spinal non-invasive electrical bone growth stimulation
 - Spinal non-invasive electrical bone growth stimulation^a
- Bone-anchored (osseointegrated) hearing aids
 - Bone conduction hearing aids
 - Cochlear implants
- Continuous positive airway pressure (CPAP) devices and bi-level (bi-PAP) devices and supplies^a
- 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
- 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

Sleep studies (facility-based)^a

All transplant procedures, with the exception of corneal transplants

Mental health/Serious mental illness

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

Substance abuse^c

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

Autism spectrum disorders

- Applied behavioral analysis

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

Drugs

- **Antineoplastic agents:** Abraxane, Adcetris, Alimta, Avastin (except for ophthalmological conditions)^e, Beleodaq, Blincyto, Cyramza, Darzalex, Erbitux, Erwinaze, Faslodex, Folutyn, Halaven, Herceptin^e, Imlygic, Istodax, Jevtana, Kadcyca, Kyprolis, Mvasi (except for ophthalmological conditions), Perjeta, Provenge, Rituxan Hycela, Rituxan, Xofigo^b, Yervoy, Zevalin^b
- **Anti-PD-1/PD-L1 human monoclonal antibodies^d:** Bavencio, Imfinzi, Keytruda, Opdivo, Tecentriq
- **Bone-modifying agents:** Prolia, Xgeva
- **Botulinum toxin agents:** Botox
- **Cardiovascular agents:** Flolan, Remodulin, Veletri
- **Chemotherapy-induced nausea and vomiting (CINV) agents:** Cinvantif, Emend (for injection), Sustol, Varubif
- **Chimeric antigen receptor (CAR-T) therapies^d:** Kymriah, Yescarta
- **Colony stimulating factors:** Neulasta^e, Neulasta Onpro
- **Endocrine/metabolic agents:** H.P. Acthar, Makena, Sandostatin LAR, Somatuline Depot
- **Enzyme replacement agents^d:** Adagen, Aldurazyme, Brineura, Cerezyme, Elaprase, Elelyso, Fabrazyme, Kanuma, Lumizyme, Naglazyme, Replagal^f, Vimizim, VPRIV
- **Hemophilia/Coagulation factors^d:** BeneFIX, Coagadex, Corifact, Elocate, Feiba NF, Feiba VH, Fibryna, Helixate FS, Hemofil M, Humate P, Idelvion, IXinity, Koate DVI, Kogenate FS, Kovaltry, Monoclate P, Mononine, Novoeight, Novoseven, Novoseven RT, Nuwiq, Obizur, Profilnine SD, Rebinyn, Recombinate, RiaSTAP, Rixubis, Tretten, Vonvendi, Wilate, Xyntha
- **Hyaluronate acid products:** Cingal^f, Euflexxa, Gel-One, Gel-Syn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Supartz, VISCO-3
- **Immunological agents:** Actemra, Benlysta, Entyvio, Inflectra, Orenicia, Remicade^e, Renflexis, Simponi Aria, Stelara
- **Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)^d:** Bivigam, Carimune NF, Cuvitru, Flebogamma, Flebogamma DIF, Gamastan S/D, Gamimune N, Gammagard, Gammagard Liquid, Gammagard S/D, Gammaked, Gammalex, Gamunex, Gamunex C, Hizentra, HyQvia, Octagam, Privilgen
- **Miscellaneous therapeutic agents:** Ampligen^f, Exenatide sustained-release ITCA 650^f, Exondys-51, Luxturna^f, Radicava, Remune^f, Soliris, Spinraza, Sylvant
- **Multiple sclerosis agents^d:** Lemtrada, Ocrevus, Tysabri
- **Respiratory agents:** Cinqair, Nucala, Synagis, Xolair
- **Respiratory enzymes (Alpha-1 antitrypsin)^d:** Aralast, Glassia, Prolastin, Zemaira

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Genetic and genomic tests requiring precertification^{b,f}

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 visit www.evicore.com/healthplan/amerihealthnj to 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; Billed with an unlisted code: 81479, 81599, 84999

Precertification 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 precertification 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 precertification 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 precertification is subject to change. For questions about precertification, please call Customer Service at **1-888-YOUR-AH1 (1-888-968-7241)**.

You can also go to amerihealthnj.com/html/providers/policies.html to learn more about precertification requirements for all products.

Providers may reference the complete **list of medical codes** available on the Medical Policy Portal for services that require precertification.

^a Precertification is performed by AIM Specialty Health[®].

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

^c Upon renewal of the policy, on or after June 1, 2017, initial coverage for inpatient and certain outpatient substance abuse treatment will not be subject to prior authorization or other prospective utilization management for the first 180 days of coverage per plan year, if the treatment is determined to be medically necessary by a licensed physician, psychologist, or psychiatrist and provided by in-network providers. However, following the initial 28 days of inpatient treatment, concurrent review is permitted every two weeks; following the initial 28 days of intensive outpatient or partial hospitalization care, retrospective review is permitted. No prospective, concurrent or retrospective review is permitted for outpatient care provided by in-network providers during the first 180 days of treatment. Admissions require notification and the initial treatment plan to the carrier within 48 hours.

^d 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.

^e Precertification requirements apply to all FDA-approved biosimilars to the originator product.

^f Pending FDA approval.



amerihealthnj.com

Language Taglines and Nondiscrimination Notice

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Language Taglines and Nondiscrimination Notice

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.