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
- Inpatient hospital-to-hospital transfers
- 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 (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, 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
- Existing technology and procedures applied for new uses and treatments

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

Interventional pain management services[a]

- 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

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®])

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Radiology[a]
- PET scans

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

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
- Follow New Jersey orthotics and prosthetics mandate, as applicable.
  - – Items addressed by the mandate do not require precertification
- 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

In-lab/Facility sleep studies[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], Azedra[b], Blenrep, Blincyto, Cyramza, Darzalex, Darzalex Faspro, Elzonris, Enhertu, Erbitux, Erwinaze, Herceptin[e], Herceptin Hylecta, Herzuma, Instiladrin[f], Kadcyla, Kanjinti, Kyprolis, Lumoxiti, margetuximab[f], Mvasi (except for ophthalmological conditions), Ogivri, Ontruzant, Padcev, Pemfexy, Perjeta, Phesgo, Polivy, Poteligeo, Provenge, Rituxan[e], Rituxan Hycela, Ruxience, Sarclisa, Taclantis[f], Trazimera, Trodelvy, Truxima, Xofigo[b], Yervoy, Zepzelca, Zevalin[b], Zirabev (except for ophthalmological conditions)
- **Anti-PD-1/PD-L1 human monoclonal antibodies[d]:** Bavencio, dostarlimab[f], Imfinzi, Keytruda, Libtayo, Opdivo, Tecentriq
- **Bone-modifying agents:** Evenity, Prolia, Xgeva
- **Botulinum toxin agents:** Botox
- **Chemotherapy-induced nausea and vomiting (CINV) agents:** Sustol
- **Chimeric antigen receptor (CAR-T) therapies[d]:** ciltacabtagene autoleucel[f], idecabtagene vicleucel[f], Kymriah, lisocabtagene maraleucel[f], Tecartus, Yescarta
- **Colony-stimulating factors:** Fulphila, Lapelga[f], Neulasta[e], Neulasta Onpro, Neupogen, Nivestym, Nyvepria, Rolontis[f], Udenyca, Ziextenzo
- **Endocrine/metabolic agents:** Acthar H.P., cosyntropin depot[f], Lutathera[b], Makena, Sandostatin LAR, Somatuline depot
- **Enzyme replacement agents[d]:** Aldurazyme, Brineura, Cerezyme, Elaprase, Elelyso, Fabrazyme, Kanuma, Lumizyme, Mepsevii, Naglazyme, pegunigalsidase alfa[f], Replagal[f], Revcovi, Vimizim, VPRIV
- **Gene therapy[d]:** Luxturna, Roctavian[f], Zolgensma, Zynteglo[f]
- **Hemophilia/Coagulation factors[d]:** BeneFIX, Coagadex, Corifact, Eloctate, Esperoct, Feiba NF, Feiba VH, Fibryga, Helixate FS, Hemlibra, Hemofil M, Humate P, Idelvion, IXinity, Jivi, Koate DVI, Kogenate FS, Kovaltry, Monoclate P, Mononine, Novoeight, Novoseven, Novoseven RT, Nuwiq, Obizur, Profilnine SD, Rebinyn, Recombinate, RiaSTAP, Rixubis, Sevenfact, Tretten, Vonvendi, Wilate, Xyntha
- **Hyaluronate acid products:** Cingal[f], Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Supartz, Synojoynt, Triluron, TriVisc, VISCO-3
- **Immunological agents:** Actemra, Avsola, Benlysta, Entyvio, Ilumya, Inflectra, Ixifi, Orencia, Remicade[e], Renflexis, Simponi Aria, Stelara
- **Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)[d]:** Asceniv, Bivigam, Carimune NF, Cutaquig, Cuvitru, Flebogamma, Flebogamma DIF, Gamimune N, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex C, Hizentra, HyQvia, Octagam, Panzyga, Privigen, Xembify
- **Miscellaneous therapeutic agents:** Adakveo, Ampligen[f], Crysvita, evinacumab[f], Exenatide sustained-release ITCA 650[f], Gamifant, Givlaari, Ilaris, inclisiran[f], Krystexxa, Onpattro, Oxlumo, Radicava, Reblozyl, Remune[f], Rethymic[f], Soliris[e], Spinraza, Trogarzo, Ultomiris, Uplizna, Vyepti, Xiaflex

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- **Multiple sclerosis agents[d]:** Lemtrada, Ocrevus, Tysabri
- **Ophthalmic agents:** abicipar[f], Beovu, Eylea, Lucentis[e], Macugen, Tepezza
- **Pulmonary arterial hypertension[d]:** Flolan, Remodulin, Revatio, Trevyent[f] Tyvaso, Veletri, Ventavis
- **Respiratory agents:** Cinqair, Synagis, Xolair
- **Respiratory enzymes (Alpha-1 antitrypsin)[d]:** Aralast, Glassia, Prolastin, Zemaira

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 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; 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/investigational.

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 reference product.

[f] Pending FDA approval.

1237420 (1/1/2020) AHNJ

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