

SERVICES THAT REQUIRE PRECERTIFICATION

This applies to elective, nonemergency services.

Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

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/blepharoptosis 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 subcutaneous skin and/or subcutaneous tissue
- Gender reassignment surgery
- Genetically and bioengineered skin substitutes for wound care

Reconstructive procedures and potentially cosmetic procedures (continued)

- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure (such as panniculectomy and abdominoplasty)
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
 - Skin grafts
 - Skin flaps
 - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

Experimental or investigational

Any procedure, device, or service that may 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

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

- Cardiac blood pool imaging or MUGA-resting or exercise
- Computed tomography (CT), cardiac
- Computed tomography (CT), coronaries
- Computed tomography angiogram (CTA), coronaries
- Magnetic resonance angiography (MRA)-cardiac
- Magnetic resonance imaging (MRI)-cardiac
- Myocardial perfusion imaging
- Positron emission tomography (PET) scan/positron emission transverse tomography (PETT) scan
- Single photon emission computerized tomography (SPECT), technetium, or thallium

Home-Care Services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy
- Hospice

Prosthetics/orthoses

- Bone-anchored hearing aids
- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components

Durable medical equipment (DME)

- Bone growth stimulators
- Continuous positive airway pressure (CPAP) device and bi-level (Bi-PAP) devices
- 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 unless they are rented
- Negative pressure wound therapy

DME (continued)

- 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, and orthoses and prosthetics that require precertification
- Speech generating devices

Medical foods

Hyperbaric oxygen therapy

Proton beam therapy

Sleep studies (facility based)

Transplants

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/substance abuse¹

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

Applied behavioral analysis

Chemotherapy

Maternity services

Call as soon as the doctor confirms the pregnancy and after delivery.

Services that require notification only

End stage renal disease/dialysis services

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

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®, CardiIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardiIQ®, 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 2016 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.)
- Billed with an unlisted code: 81479, 81599, 84999

SPECIALTY DRUGS THAT REQUIRE PRECERTIFICATION

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

Antineoplastic agents

- Abraxane[®]
- Adcetris[®]
- Alimta[®]
- Avastin[®]† (except for ophthalmological conditions)
- Beleodaq[®]
- Blincyto[®]
- Cyramza[®]
- Darzalex[®]
- Erbitux[®]
- Erwinaze[®]
- Folutyn[®]
- Halaven[®]
- Herceptin[®]†
- Imlygic[™]
- Istodax[®]
- Jevtana[®]
- Kadcyca[®]
- Kyprolis[®]
- Mvasi[™] (except for ophthalmological conditions)
- Ogivri[™]
- Pemfexy[™]
- Perjeta[®]
- Provenge[®]
- Rituxan[®]†
- Rituxan Hycela[™]
- Xofigo[®]
- Yervoy[™]
- Zevalin[®]

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

- 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

- Sustol[®]

Chimeric antigen receptor (CAR-T) therapies**

- Kymriah[™]
- Yescarta[™]

Colony stimulating factors

- Neulasta[®]†
- Neulasta Onpro[™]

Endocrine/metabolic agents

- H.P. Acthar[®]
- Lutathera[®]
- Makena[®]
- Sandostatin[®] LAR
- Somatuline[®] depot

Enzyme replacement agents**

- Adagen[®]
- Aldurazyme[®]
- Brineura[™]
- Cerezyme[®]
- Elaprase[®]
- Elelyso[®]
- Fabrazyme[®]
- Kanuma[®]
- Lumizyme[®]
- Mepsevii[™]
- Naglazyme[®]
- Replagal[®]*
- Vimizim[™]
- VPRIV[®]

Hemophilia/Coagulation factors**

Hyaluronate acid products

- Cingal*
- Durolane[®]
- Euflexxa[™]
- Gel-One[®]
- Gelsyn-3[™]
- GenVisc 850[®]
- Hyalgan[®]
- Hymovis[®]
- Monovisc[®]

Hyaluronate acid products (continued)

- Supartz[®]
- TriVisc[™]
- VISCO-3[®]

Immunological agents

- Actemra[®]
- Benlysta[®]
- Entyvio[™]
- Ilumya
- Inflectra[™]
- Ixifi[™]
- Orencia[®]
- Remicade[®]†
- Renflexis[™]
- Simponi[®] Aria
- Stelara[®]

Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)** Multiple sclerosis agents**

- Lemtrada[®]
- Ocrevus[™]
- Tysabri[®]

Respiratory agents

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

Respiratory enzymes (Alpha-1 antitrypsin)**

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

Miscellaneous therapeutic agents

- Ampligen[®]*
- Crysvita
- Exenatide sustained-release ITCA 650*
- Exondys-51
- Luxturna[™]
- Radicava[™]
- Remune*
- Soliris[®]
- Spinraza[™]
- Sylvant[™]
- Trogarzo

¹Precertification review for this service is provided by Magellan Healthcare, Inc., an independent company.

* 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.

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

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