



Recommended Precertification List

American Health's precertification is a determination of medical necessity only, and does not involve matters of claim payment, eligibility, coverage and the type and/or availability of benefits.

The establishment and construct of a precertification list is solely the responsibility of customer and/or the applicable plan sponsor (and not American Health). The design and implementation of a precertification list should be made only after obtaining the advice of customer's legal and benefit professionals, to include customer's full review of applicable health and welfare benefit plan terms and conditions as well as any applicable laws (for example, the Employee Retirement Income Security Act of 1974, and the Health Parity and Addiction Equity Act of 2008, as amended). American Health will have no responsibility for reviewing applicable plan documents, advising customer with respect to its precertification list or for customer's compliance with applicable laws related to the same. No representation or warranty is given with respect to this document, which is offered as-is.

Precertification requirements should be implemented only for those services listed within the Summary Plan Description as requiring prenotification or precertification and not defined as excluded.

All Inpatient Admissions

- Acute
- Long-Term Acute Care
- Rehabilitation
- Mental Health / Substance Use Disorder
- Transplant
- Skilled Nursing Facility
- Residential Treatment Facility
- Obstetric – Prenotification only (precertification only required if days exceed Federal mandate)

Outpatient and Physician – Surgery

- **Prenotification for the following:**
 - Biopsies (excluding skin)
 - Vascular Access Devices for the Infusion of Chemotherapy (e.g. PICC and Central Lines)
 - Thyroidectomy, Partial or Complete
 - Open Prostatectomy
 - Creation and Revision of Arteriovenous Fistula (AV Fistula) or Vessel to Vessel Cannula for Dialysis
 - Oophorectomy, unilateral and bilateral
- **Precertification for the following:**
 - Back Surgeries and hardware related to surgery
 - Osteochondral Allograft, knee
 - Hysterectomy (including prophylactic)
 - Autologous chondrocyte implantation, Carticel
 - Transplant (excluding cornea)
 - Balloon sinuplasty
 - Sleep apnea related surgeries, limited to:
 - Radiofrequency ablation (Coblation, Somnoplasty)
 - Uvulopalatopharyngoplasty (UPPP) (including laser-assisted procedures)

- Cosmetic Procedures:
 - Abdominoplasty
 - Blepharoplasty
 - Cervicoplasty (neck lift)
 - Facial skin lesions (Photo therapy, laser therapy - excluding MOHS)
 - Hernia repair, abdominal and incisional (only when associated with a cosmetic procedure)
 - IDET (thermal intradiscal procedures)
 - Liposuction/lipectomy
 - Mammoplasty, augmentation and reduction (including removal of implant)
 - Mastectomy (including gynecomastia and prophylactic)
 - Morbid obesity procedures
 - Orthognathic procedures (e.g. Genioplasty, LeFort osteotomy, Mandibular ORIF, TMJ)
 - Otoplasty
 - Panniculectomy
 - Rhinoplasty
 - Rhytidectomy
 - Scar revisions
 - Septoplasty
 - Varicose vein surgery/sclerotherapy

Outpatient and Physician – Diagnostic Services

- **Prenotification for the following:**
 - CT for non-orthopedic
 - MRI for non-orthopedic
- **Precertification for the following:**
 - PET
 - Capsule endoscopy
 - Genetic Testing (including BRCA)
 - Sleep Study

Outpatient and Physician – Continuing Care Services

- **Prenotification for the following:**
 - Dialysis
- **Precertification for the following:**
 - Chemotherapy (including oral)
 - Radiation Therapy
 - Oncology and transplant related injections, infusions and treatments (e.g. CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g. antiemetic and antihistamine)
 - Hyperbaric Oxygen
 - Home Health Care
 - Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices

Specialty Pharmacy Advocacy

Precertification for the following is available under Specialty Pharmacy Advocacy and not Utilization Management Outpatient

- All medications processed through the medical benefit which cost \$2,000 or more per drug per month (excluding acute oncology or transplant treatments). When requested, this program can support precertification of medications processed through the PBM, (e.g. maintenance chemotherapy)