

This is a list of American Health's standard precertification requirements. **Requirements may vary by plan sponsor.** Please contact the health plan for a complete list of services that require precertification.

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

- 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
- 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)
- Potentially Cosmetic Procedures, including but not limited to:
 - 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

- CT for non-orthopedic
- MRI for non-orthopedic
- PET
- Capsule endoscopy
- Genetic Testing (including BRCA)
- Sleep Study

Outpatient and Physician – Continuing Care Services

- Dialysis
- 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