



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

**To:** AmeriHealth Caritas DC Providers  
**Date:** September 26, 2023  
**Subject:** PARC Monthly Meeting Decision Notice

Dear Provider:

The Prior Authorization Review Committee (PARC)'s decisions and implementation activities include the approval of prior authorization rule changes and newly established rules.

New rules and any adjustments to existing rules approved at the monthly PARC meeting are outlined in the table below.

Title	Code(s)	Approved Change
Breast Pumps	E0603	Remove authorization.
Prenatal Risk Assessment	H1000	Remove authorization.
93740 Thermography Temp Gradient Studies	93740	Require authorization.
S8080 Scintimammography	S8080	Require authorization.
TAG Memo 006 - 81425-81427, 81546 Genome Sequencing	81425, 81426, 81526	Require authorization.
Penile Torsion Repair	54360, 54380, 54385, 54390	Remove authorization.
Pediatric Chordae Repair	54300, 54304	Remove authorization.
Liver and Renal Biopsy	47000, 47001, 50200, 50205	Remove authorization.
Tympanoplasty	69631-69646	Remove authorization.
Wart Removal	17110, 17111 (dx B07)	Remove authorization.
CT or MRI Guidance	77012	Remove authorization.

Any questions can be directed to the **Prior Authorization Team** at [DLACFCPriorAuthGovernance@amerihealthcaritas.com](mailto:DLACFCPriorAuthGovernance@amerihealthcaritas.com). We appreciate your attention to this matter.

Sincerely,

AmeriHealth Caritas DC