



AmeriHealth Caritas
District of Columbia

To: AmeriHealth Caritas DC Providers
Date: February 20, 2024
Subject: Reduction/Removal of Prior Authorization Requirement for Select Services and Procedures

Dear Provider:

Beginning April 1, 2024, AmeriHealth Caritas District of Columbia (DC) is removing or reducing prior authorization requirements for the attached list of codes. Below is a summary of these changes by category – a total of 210 codes will be impacted by these changes.

Prior Authorization Reduction Summary	
Benefit Category	Number of Codes Impacted
Chiropractic Manipulative Treatment	3*
Diagnostic Services/Laboratory	17
DME	113**
Pain Management	27
Pharmacy, Chemotherapy, Home infusion	5
Physical Medicine & Rehabilitation	27***
Surgery	18
TOTAL	210

*Prior auth required for enrollees aged 18 and older.

**Prior auth required for billed charges greater than \$750.

***For enrollees aged 20 and under, prior authorization is required after the 72nd visit in a calendar year. For enrollees aged 21 and up, prior authorization is required from the first visit if the place of service is an outpatient hospital site of care and prior authorization is required after the 27th visit in a calendar year for all other places of service.

Removal of the prior authorization and medical necessity review for these services is part of AmeriHealth Caritas DC's continued dedication to supporting providers in our shared commitment to help enrollees receive high quality health care.

As a reminder, you can verify whether a service requires prior authorization using the Prior Authorization Lookup Tool available on our website: <https://www.amerihhealthcaritasdc.com/provider/resources/prior-authorization-lookup.aspx>.

If you have questions about this communication, please contact your Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,

AmeriHealth Caritas DC