



# Provider Alerts

Important information for our Next providers.

**To:** AmeriHealth Caritas Next & First Choice Next Providers

**Date:** November 30, 2023

**Subject:** Prior Authorization Requirement Changes for Select Procedure/ HCPCS Codes

Removal of prior authorization requirements for certain services is part of our continued efforts to make the prior authorization process more efficient and transparent. Our goal is to enhance the provider experience by making it easier for providers to navigate the prior authorization process, helping ensure timely member access to necessary services.

Beginning February 1, 2024, the procedure codes listed in table 1 **do not require prior authorization**.

Table 1 Prior Authorization NOT required	
CPT/HCPCS Codes	Description
E0603	Breast Pumps
H1000	Prenatal Risk Assessment
17110, 17111 (DX B07)	Wart Removal
47000, 47001, 50200, 50205	Liver and Renal Biopsy
54300, 54304	Pediatric Chordae Repair
54360, 54380, 54385, 54390	Penile Torsion Repair
64455	Digital Blocks
69631-69646	Tympanoplasty
77012	CT or MRI Guidance

Prior authorization is **required** for the codes listed in table 2, below:

Table 2 Prior Authorization Required	
CPT/HCPCS Codes	Description
93740	Thermography Temp Gradient Studies
S8080	Scintimammography

As a reminder, to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool on the provider website at: <https://www.amerihealthcaritasnext.com/>. Remember, you can save time by submitting your medical authorizations electronically via NaviNet: <https://www.navinet.net/>.

### Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department for your state.

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