

**To: AmeriHealth Caritas Pennsylvania (PA) /AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Durable Medical Equipment (DME) Providers**

**Date: September 27, 2023**

**Re: Update to services requiring Prior Authorization**

**Effective 11/27/2023, the following codes require plan prior authorization. Prior authorization requests can be quickly and easily obtained through NaviNet or faxed to AmeriHealth Caritas PA at 1-866-755-9841 or AmeriHealth Caritas PA CHC at 1-855-540-7083.**

Code	Description	Plan Name	Prior Authorization required
Q4128	FlexHD, or AllopachHD, per sq cm	AmeriHealth Caritas PA AmeriHealth Caritas PA CHC	Yes Yes
Q4151	AmnioBand or Guardian, per sq cm	AmeriHealth Caritas PA AmeriHealth Caritas PA CHC	Yes Yes

Reminder: To find out if a service needs prior authorization, use the Prior Authorization Lookup Tool on the provider website(s) at:

<https://www.amerihealthcaritaspa.com/provider/resources/prior-authorization-lookup.aspx>  
<https://www.amerihealthcaritaschc.com/provider/resources/prior-authorization-lookup.aspx>

Thank you for your participation in our network and the continued care you provide to our Members/Participants. If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007.