

**To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas PA Community HealthChoices (CHC)
 OB/GYN Providers**

Date: June 10, 2026

Re: Update to Services Requiring Prior Authorization

Beginning 7/1/2026, prior authorization for the HCPCS codes and services listed in the table below will not **require prior authorization**:

Code	Description
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

Removal of the prior authorization and medical necessity review for these services is part of our continued dedication to supporting providers in our shared commitment to high quality health care.

Reminder: Authorization guidelines are subject to change. For the most up to date plan guidelines and to review if any service needs prior authorization, use the Prior Authorization Lookup Tool on the provider website(s) at:

- www.amerihealthcaritaspa.com → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- www.amerihealthcaritaschc.com → For Providers → Resources → Prior Authorization → Prior Authorization Lookup Tool.

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