



AmeriHealth Caritas™

District of Columbia

To: AmeriHealth Caritas District of Columbia Providers

Date: July 30, 2019

Subject: Pharmaceuticals Requiring Prior Authorization

Effective September 1, 2019, injectable medications requiring prior authorization through the AmeriHealth Caritas District of Columbia Utilization Management department, will transition to requiring prior authorization through the Plan's Pharmacy Services department.

A list of Healthcare Common Procedure Coding System (HCPCS) codes for medication requiring prior authorization has been added to the Plans' websites, www.amerihealthcaritasdc.com Pharmacy → Prior Authorization and on NaviNet Plan Central. The new HCPCS codes list replaces all previous authorization requirements.

The process to submit medication requests containing a HCPCS code that requires prior authorization is as follows:

1. Submit a medication prior authorization request to the Pharmacy Services team by fax (see below).
 - a. The prior authorization form and submission tutorial is available on the pharmacy section of the provider website.
2. The HCPCS code that corresponds to the medication request should be included in the request. If the HCPCS code is a miscellaneous code, the National Drug Code (NDC) number must also be included on the request.
3. Pharmacy Services will communicate the final determination to the provider.
 - a. If the prior authorization request is approved, a fax will be sent to your office alerting you of the approval. An additional copy will be mailed to the member.
 - b. If the prior authorization request is denied, a fax will be sent to your office alerting you of the denial. Also, a letter of denial will be mailed to your office. An additional copy will be mailed to the member.

Prior Authorization for pharmaceuticals may be obtained by any of these methods below:

- **On-line** at www.amerihealthcaritasdc.com → Pharmacy → Prior Authorization.
- **Telephone** at:

AmeriHealth Caritas DC Pharmacy Services - Medicaid	1-888-602-3741
AmeriHealth Caritas DC Pharmacy Services - Alliance	1-888-452-3647

If it's outside normal business hours, call Member Services:

AmeriHealth Caritas DC Pharmacy Member Services - Medicaid	1-888-987-5806
AmeriHealth Caritas DC Pharmacy Member Services - Alliance	1-888-987-5806

Fax to:

AmeriHealth Caritas DC Pharmacy Services fax	1-888-981-5202



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If you have any questions about this communication, please call the Pharmacy Services department.

IMPORTANT NOTE: Reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid District of Columbia Medical Assistance (MA) Provider ID. Any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.