



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

**To:** AmeriHealth Caritas DC Providers  
**Date:** July 8, 2024  
**Subject:** Updated Prior Authorization Requirements

Dear Provider:

Effective August 13, 2024, AmeriHealth Caritas District of Columbia (DC) is updating its prior authorization requirements for a select list of codes. Below is a summary of these changes.

<b>Title</b>	<b>Codes</b>	<b>Change</b>
Prenatal Risk Assessment	H1000	Remove prior authorization.
Thermography Temp Gradient	93740	Require prior authorization.
Scintimammography	S8080	Require prior authorization.
Percutaneous implantation of neurostimulator electrode array	64561, 64595	Require prior authorization.

As a reminder, you can verify whether a service requires prior authorization using the Prior Authorization Lookup Tool available on our website: <https://www.amerhealthcaritasdc.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