



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

**To:** AmeriHealth Caritas DC Providers  
**Date:** TBD  
**Subject:** PARC Monthly Meeting Decision Notice

Dear Provider:

The Prior Authorization Review Committee (PARC) decisions and implementation activities include the approval of prior authorization rule changes and newly established rules.

New rules and any adjustments to existing rules approved at the monthly PARC meeting are outlined in the table below.

Title	Code(s)	Approved Change	Affected LOBs
Breast Pumps	E0603	Remove authorization.	All Except BCCM and ACFL
Prenatal Risk Assessment	H1000	Remove authorization.	All
93740 thermography Temp Gradient Studies	93740	Require authorization.	All
S8080 Scintimammography	S8080	Require authorization.	All
TAG memo 006 - 81425- 81427, 81546 Genome Sequencing	81425, 81426, 81526	Require authorization.	All
penile torsion repair	54360, 54380, 54385, 54390	Remove authorization.	Remove auth all plans
pediatric chordae repair	54300, 54304	Remove authorization.	Remove auth for Exchange, DSNPs and BCC MI
Liver and Renal Biopsy	47000, 47001, 50200, 50205	Remove authorization.	Remove auth for Exchange plans and all plans for 55867
Tympanoplasty	69631-69646	Remove authorization.	Remove auth for Exchange plans, KF
wart removal	17110, 17111 (dx B07)	Remove authorization.	Remove auth - all plans
CT or MRI guidance	77012	Remove authorization.	Remove auth - all plans
digital blocks	64455	Remove authorization.	Remove auth - all plans

These adjustments to prior authorization rules will appear in the various ACFC systems (Appian, Lookup Tool, Facets) on or within 6 weeks of the effective date.

Any questions can be directed to the **Prior Authorization Team** at [DLACFCPriorAuthGovernance@amerihealthcaritas.com](mailto:DLACFCPriorAuthGovernance@amerihealthcaritas.com). We appreciate your attention to this matter.

Sincerely,

AmeriHealth Caritas DC