



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers
Date: November 30, 2023
Subject: Prior Authorization Requirement Removed for Select Enteral Services (Corrected)

Dear Provider:

Beginning January 29, 2024, prior authorization for the HCPCS codes and services listed in the table below **do not require prior authorization**:

Codes	Title
41899	Other Procedures on the Dentoalveolar Structures
95708	Long-term EEG Monitoring
B9998	Enteral Supplies
B4034	Enteral feeding supply kit; syringe fed
B4036	Enteral feeding supply kit; gravity fed, per day,
B4081	Nasogastric tubing with stylet
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type
B4100	Food thickener, administered orally, per ounce
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism

Removal of the prior authorization and medical necessity review for these services is part of AmeriHealth Caritas District of Columbia's (DC) continued dedication to supporting providers in our shared commitment to high quality health care for our enrollees.

As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool on the provider website at:

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

If you have any questions about this communication, please contact your Provider Network Account Executive.

Sincerely,
AmeriHealth Caritas DC