

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

Date: February 16, 2026

Re: Update to Services Requiring Prior Authorization

Effective April 15, 2026, the following codes require plan prior authorization. Prior authorization requests can be quickly and easily obtained through NaviNet or faxed to AmeriHealth Caritas PA at 1-866-755-9949 or AmeriHealth Caritas PA CHC at 1-855-332-0115.

Code	Description
86999	Unlisted transfusion medicine procedure
43499	Unlisted procedure, esophagus
67299	Unlisted procedure, posterior segment
69949	Unlisted procedure, inner ear
86999	Unlisted transfusion medicine procedure
J3590	Unclassified biologics
90899	Unlisted psychiatric service or procedure
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding
T2023	Targeted case management; per month
T4541	Incontinence product, disposable underpad, large, each
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
G0379	Direct admission of patient for hospital observation care
S9330	Home Infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home Infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home Infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code

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.amerhealthcaritaspa.com → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- www.amerhealthcaritaschc.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.