

**To: AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast Providers**

**Date: October 6, 2020**

**Re: Change in Prior Authorization Requirements**

**AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast are announcing some changes to services that require prior authorization. Effective on November 1, 2020, prior authorization requests for the services listed below will change as follows:**

**Services no longer requiring prior authorizations:**

**1. Specific Pain Management Treatments\*:**

- Injection of Therapeutic substances (codes 62320, 62321, 62322, 62323)
- Injection of Anesthetic Agent or Steroid (codes 64479, 64480, 64483, 64484)
- Destruction by Neurolytic Agent (codes 64600, 64633, 64634, 64635, 64636, 64640, 64680, 64681)
- Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level (codes 0228T, 0229T, 0230T, 0231T)

*\*Pain management services performed in a short procedure unit (SPU) or ambulatory surgery unit (either hospital-based or free-standing) and pain management services not on the Medical Assistance fee schedule performed in a physician's office still require prior authorization.*

**2. Specific Surgical Procedures on the nervous system:**

- Chemodenervation parotid and submandibular salivary glands (code 64611)
- Chemodenervation of muscle (codes 64612, 64615, 64616, 64617)
- Chemodenervation (One Extremity) (codes 64643, 64644, 64645)
- Chemodenervation (Trunk Muscle) (codes 64646, 64647)
- Chemodenervation of eccrine glands (codes 64650, 64653)

**3. Chiropractic Manipulative Treatment for members over age of 18 (only codes 98940, 98941, 98942, 98943)**

**Services with an increase in the quantity threshold before prior authorization is required:**

**1. Home Health Services performed by a network provider: prior authorization is not required for up to 18 visits per modality per calendar year including:**

- Skilled nursing visits by a RN or LPN
- Home Health Aide visits
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home Respiratory Therapy
- Mechanical Ventilation Care

- Stoma care and maintenance including Colostomy and Cystostomy
- Services of clinical social worker in home health or hospice settings

**2. DME/Exceptional DME Monthly Rentals:**

- a. The DME service codes listed below are exceptions to the prior authorization rules and will only require a prior authorization if the cost of the item is in excess of \$750.00 (rental or purchase):

- E0951-E0952
- E0955-E0961
- E0966
- E0970-E0974
- E0978
- E0980
- E0994-E0995
- E1015-E1018
- K1015-K0020
- K0037-K0047
- K0050-K0052
- K0065
- K0069-K0073
- K0077
- K0098
- K0105

**3. Chiropractic services after the 24<sup>th</sup> visit if the member is under the age of 18**

To help ensure members receive the most appropriate level of care, please continue to follow current prior authorization guidelines for all other services not listed above as outlined in the provider manual.

Prior authorization is not a guarantee of payment for the service authorized. AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast reserve the right to adjust any payment made following a review of the medical records or other documentation and/or determination of the medical necessity of the services provided. Additionally, payment may also be adjusted if the member's eligibility changes between when the authorization was issued and the service was provided.

Thank you for your participation in our network and your continued commitment to the care of our members. If you have any questions about this notice, please contact your Provider Account Executive or the Provider Services department at 1-800-521-6007 (AmeriHealth Caritas Pennsylvania) or 1-888-208-7370 (AmeriHealth Caritas Northeast).