

To: AmeriHealth Caritas Florida Providers

Date: June 21, 2024

Subject: Effective 8/19/2024 - Prior Authorization Requirements

AmeriHealth Caritas Florida will make the following changes to prior authorization requirements for the list of codes below, effective 8/19/2024.

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

AmeriHealth Caritas Florida's changes to the prior authorization and medical necessity review for these services are part of our continued dedication to supporting providers and our shared commitment to high quality health care for our members, your patients.

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

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

Thank you for your continued participation in our network and your commitment to our members. If you have any questions, please contact your Provider Network Account Executive or call Provider Services at **1-800-617-5727**.

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