



To: AmeriHealth Caritas Next and First Choice Next Providers

Date: July 15, 2024

Subject: Prior Authorization Requirement Changes

Beginning 10/1/2024, we are updating the prior authorization requirements for the HCPCS codes and services listed in the table below:

Title	Codes	Change	Effective Date
Developmental Testing	96112, 96113	Remove authorization requirement	10/01/2024
BRCA Testing	81162, 81212, 81215, 81216, 81217	Require prior authorization	10/01/2024

Changes in the prior authorization and medical necessity review for these services is part of AmeriHealth Caritas Next’s continued dedication to supporting providers in our shared commitment to high quality health care for our participants.

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.amerihealthcaritasnext.com/>

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department for your state.

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