



**To: AmeriHealth Caritas Pennsylvania (PA) /AmeriHealth Caritas Pennsylvania (PA)
Community HealthChoices (CHC) Durable Medical Equipment (DME) Providers**

Date: January 28, 2025

Re: Update to services requiring Prior Authorization

Effective April 1, 2025, 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 1-866-755-9841 or AmeriHealth Caritas PA CHC at 1-855-540-7083.

Code	Description
B4105	In-Line cartridge containing digestive enzymes for enteral feeding, each
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
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 tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

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.amerihealthcaritaspa.com → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- www.amerihealthcaritaschc.com → For Providers → Resources → Prior Authorization → Prior Authorization Lookup Tool.

Thank you for your participation in our network and the continued care you provide to our Members/Participants. If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007.