AmeriHealth Caritas Delaware

To: AmeriHealth Caritas Delaware Providers

Date: November 13. 2026

Re: **Prior Authorization Changes for Select CPT/HCPCS Codes**

The following changes to Prior Authorization requirements will take effect December 1, 2026:

Title	Codes	Code Descriptions	Change	Effective date
PARC014 Mol Gen Rare Disease Diagnostic Codes	81425, 81426, 81427	81425 Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, 81426 Genome for parents/siblings 81427 Genome re evaluation	Add Prior Authorization	12/01/2026
PARC031 LOB 7100 Auth Removal G0463	G0463	G0463- Hospital outpatient clinic visit for assessment and management of a patient	Remove Prior authorization	12/01/2026

Changes to prior authorization requirements and medical necessity review for these services are part of AmeriHealth Caritas Delaware'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:

Prior Authorization Resource link

Questions? Please contact your Provider Account Executive or Provider Services at 1-855-707-5818.