

**To: AmeriHealth Caritas Louisiana Providers**

**Date: August 30, 2019**

**Subject: Prior Authorization Requirements Requests**

**Summary:** Providers may request prior authorization requirements used to make medical necessity determinations

To simplify the implementation of Act 330 (HB 424) of the 2019 Regular Session, AmeriHealth Caritas Louisiana has created a unique email address for providers to request prior authorization requirements.

To request prior authorization requirements used to make a medical necessity determination, providers can send an email to: [DLACFCHB424Request@amerihealthcaritas.com](mailto:DLACFCHB424Request@amerihealthcaritas.com). Prior authorization requirements will be furnished to the requesting provider within 24 hours of request.

#### **Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

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