



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** June 22, 2024

**Subject:** Prior Authorization Changes for Select CPT/HCPCS

**Codes**

**Summary: Effective July 22, 2024 certain CPT/HCPCS codes have a change to their Prior Authorization requirements.**

The following changes to Prior Authorization requirements will take effect July 22, 2024:

Title	Codes	Change
Prenatal Risk Assessment	H1000	Authorization not required
Thermography Temp Gradient Studies	93740	Require authorization
Scintimammography	S8080	Require authorization
Percutaneous Implantation of Neurostimulator Electrode Array	64561, 64595	Require authorization

Changes to prior authorization requirements and medical necessity review for these services is part of AmeriHealth Caritas New Hampshire'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.amerhealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx>

**Questions:** If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.