



AmeriHealth Caritas[™]

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: August 6, 2024
Subject: Prior Authorization Changes for Select CPT/HCPCS Codes

Summary: Effective September 1, 2024 certain CPT/HCPCS codes have a change to their Prior Authorization requirements.

The following changes to Prior Authorization requirements will take effect September 1, 2024:

Title	Codes	Change
Developmental testing	96112, 96113	Authorization no longer required
BRCA Testing	81162, 81167, 81212, 81215, 81216, 82117	Now requires 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**.