



AmeriHealth Caritas[™]

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: December 16, 2024
Subject: Submission of medical records with initial prior authorization request

Summary: To assist in reducing unnecessary appeals, please submit all necessary medical records with the initial prior authorization request.

Submit medical records with Prior Auth request

Please ensure you submit all necessary medical records with the initial prior authorization request so the entire clinical scenarios for our members are captured. This will help reduce denials and the need to appeal.

This applies to all initial prior authorization requests, including pharmacy, imaging, etc.

Prior Authorization Look-up Tool

For additional information on what services require a prior authorization, please visit our website at <https://www.amerhealthcaritasnh.com/provider/resources/prior-auth/index.aspx> where you can also find the **Prior Authorization Look Up Tool** that allows you to enter a specific Current Procedural Terminology (CPT) code or a Healthcare Common Procedure Coding System (HCPCS) code and determine if a service requires an authorization.

Questions:

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