

To: AmeriHealth Caritas New Hampshire Providers

Date: December 2, 2024

Subject: Changes to Prior Authorization Requirement for certain codes

Summary: Effective October 1, 2024, the prior authorization status has changed for some HCPCS codes and services.

Use the link below to scroll down to our prior authorization look-up tool for the latest code status.

The following changes to prior authorization requirements were effective October 1, 2024:

Procedure Code Category	# of Codes	Procedure Code Category	# of Codes
	Affected		Affected
Diagnostic	1	Medical/Surgical Supplies	3
Radiopharmaceuticals		and Devices-Other	
		Implants	
DME	13	Orthotic Procedures and	5
		Devices	
Immunization-Medicine	2	Pathology and Laboratory	1
		Services	
Injectable Drugs	19	Pharmacy Drugs-	14
		Prescription	
Laboratory Services	45	Radiology	1

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.amerihealthcaritasnh.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.**