



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** March 4, 2024

**Subject:** Reduction/Removal of Prior Authorization Requirement for Select Services and Procedures

**Summary:** Beginning April 4, 2024, we are removing or reducing prior authorization requirements for a total of **241** CPT/HCPCS codes.

Beginning April 4, 2024, we are removing or reducing prior authorization requirements for select CPT/HCPCS codes. Below is a summary of these changes by category, totaling 241 codes impacted by these changes.

Prior Authorization Reduction Summary	
Benefit Category	Number of codes impacted
Anesthesia, Pain mgmt., Pharmacy	7
Diagnostics/Radiology	14
DME	147
Home Health Care Services*	8
Pathology and Laboratory Services	24
Physical Medicine & Rehabilitation*	16
Surgery	25
<b>TOTAL</b>	<b>241</b>

\* The authorization requirement for some codes within the category was adjusted to allow a higher number of visits without authorization.

Adjustments to prior authorization rules 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 or would like a full list of codes affected by this change, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.