



AmeriHealth Caritas
New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: August 2, 2022
Subject: Codes related to hysterectomy that will require prior authorization

Summary: AmeriHealth Caritas New Hampshire is adding prior authorization requirements for codes related to hysterectomy, effective October 1, 2022.

AmeriHealth Caritas New Hampshire will begin to require prior authorization (PA) for codes related to hysterectomy, **effective October 1, 2022**. The codes to which this change applies are listed below.

You easily can look up prior authorization requirements for medical services and procedures with our Prior Authorization Lookup Tool, which can be found on our website at <https://www.amerihealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx>.

Procedure	Procedure description
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.

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