



# AmeriHealth Caritas<sup>™</sup>

## New Hampshire

**To: AmeriHealth Caritas New Hampshire Medicaid Providers**

**Date: November 10, 2025**

**Subject: Medical billing (“buy-and-bill”) vs. pharmacy claim billing.**

**Summary: Reminder – when you submit a Prior Authorization request for medications, please indicate if you would like to bill the medication via a medical claim, “buy-and-bill”, or a pharmacy claim.**

As a reminder, when submitting a Prior Authorization request for medication, if you plan to bill the drug as a Medical Benefit and not via a pharmacy claim please indicate “Buy-and-Bill” on the Prior Authorization form or fill out the section indicating so on the PA form.

<b>Complete this section for professionally administered medications (including buy-and-bill).</b>			
Drug name:		HCPCS code:	
Start date:	End date:	Is this a request for reauthorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment setting: <input type="checkbox"/> Outpatient <input type="checkbox"/> Home infusion <input type="checkbox"/> In-office <input type="checkbox"/> Other:			
Servicing prescriber/facility name:		<input type="checkbox"/> Same as prescribing clinician	
Provider/facility address:			
Servicing provider NPI/Tax ID #:	Name of billing provider:	Billing provider NPI #:	

**You can find our Pharmacy Prior authorization form at:**

<https://www.amerihealthcaritasnh.com/content/dam/amerihealth-caritas/acnh/pdf/provider/non-preferred-drug-approval-prior-auth-form.pdf>

**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**.