



# AmeriHealth Caritas<sup>TM</sup>

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date** August 12, 2025

**Subject:** Prior Authorization Requirement

**Summary:** We are introducing 114 new CPT/HCPCS codes.

**Effective September 11, 2025 hemophilia factor codes will require prior authorization.**

### **New CPT/HCPCS codes**

Effective immediately, 114 new HCPCS codes and services have been established, relating to several services, including but not limited to laboratory services, injectable drugs, audiology, medical/surgical supplies and devices, injection & infusion services and others.

Establishment of prior authorization 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.

### **Hemophilia factor codes**

Effective September 11, 2025, hemophilia factor codes will require prior authorization.

### **Reminder: Prior Authorization Lookup Tool**

To verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool on the provider website at:

[www.amerhealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx](http://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**.