

Ambetter Prior Authorization Change Summary

Effective 6/18/2023





Ambetter Prior Authorization

List effective 6/18/2023

Ambetter from NH Healthy Families requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Ambetter products offered by Ambetter from NH Healthy Families.

Ambetter from NH Healthy Families is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at <https://ambetter.nhhealthyfamilies.com/provider-resources/manuals-and-forms/pre-auth.html>

Effective June 18th, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Audiology	No PA Required	Dispensing fee	V5110, V5160, V5200, V5240, V5241
		Hearing aid, assistive hearing devices, supplies, repair	V5014, V5264, V5265, V5266, V5267, V5275, V5264, V5336
Behavioral Health	No PA Required	Behavioral health counseling	S9484
		Developmental and behavioral screening	96110, 96112
		Alcohol and/or drug services	H0007, H0014, S9475
		Crisis intervention services	H2011
Breast reconstruction	PA Required except with breast cancer diagnosis	Breast reconstruction, prosthesis	19316, 19318, 19325, 19328, 19340, 19342, 19350, 19370, 19371, 19499, L8031
Cardiovascular	PA Required	Insertion/removal of Cardiac Rhythm Monitor	33285
		Unlisted procedure	37799
		Wireless pressure sensor	C2624
		External counterpulsation	G0166
	No PA Required	Catheter	C2623
		Cardiac rehab program	G0422, G0423, S9472
Diagnostic and Therapeutic Radiology services	PA Required	Indium In-111 ibritumomab tiuxetan	A9542
		Ablation Liver Tumor	47382
		Radiation therapy	77372, 77373, G0339, G0340
DME & Supplies	PA Required	Wheelchairs, power operated vehicles, and accessories	E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2624
		Osteogenesis stimulator	E0749
		Supplies for home delivery of infant	S8415
		Personal care items	S5199
	No PA Required	Infusion pumps and supplies	B9002, E0781, K0455
		Respiratory equipment	E0550, E0565
Wheelchair and accessories		E2611, K0001	
Gastroenterology	PA Required	GI capsule transit and pressure measurement	91112
Home Health Services	PA Required	Repair/maintenance for home hemodialysis equipment	A4870, A4890
		Home Care Management Services	G0087

Service Category	PA Rule	Services	Procedure Codes		
		Physician services	G0179, G0180, G0181, G0182		
		Home therapy	G2168, G2169		
		Attendant and homemaker services, companion	S5120, S5121, S5125, S5126, S5130, S5131, S5135, S5136, T1020		
		Unskilled respite care	S5150, S5151		
		Home modifications, meals, laundry	S5170, S5175		
		In-home telemonitoring	S9110		
	No PA Required	End Stage Renal Disease services	90966, S9335, S9339		
		Prenatal home visit	99500		
		Home visits post-discharge and care plan oversight	G2001, G2003, G2004, G2005, G2006, G2007, G2008, G2009, G2013, G2014, G2015		
		Remote in-home visits	G9978, G9979, G9980, G9981, G9982, G9983, G9984, G9985, G9986, G9987		
		Services, supplies and accessories used in home	Q2052		
		Practitioner home visit	S0270, S0271, S0272, S0273		
		Medical home program	S0280, S0281		
		BPCI home visit	G9187		
		Home care training	S5108, S5109, S5110, S5111, S5115, S5116		
		Wound care and phototherapy	S9097, S9098		
		Home infusion therapy	S5035, S5036, S9347		
		Hospice	No PA Required	Counseling Services	G9473, G9474, G9475, G9476, G9477, G9478, G9479, S0255
		Laboratory	PA Required	Genetic analysis/studies, surgical pathology procedures	81235, 81263, 81265, 81267, 81268, 81270, 81275, 81310, 81315, 88237, 0089U
No PA Required	Blood and blood products		P9010, P9011, P9016, P9021, P9022, P9051, P9054, P9056, P9057, P9058		
Miscellaneous Supplies and Services	No PA Required	Enterostomal therapy	S9474		
Nutrition	PA Required	Medical food nutritionally complete (oral)	S9433		
Orthopedic	PA Required	Procedures lower extremities	28285, 28299		
		Endoscopy wrist	29848		
Other medical items or services	No PA Required	Diabetes management	S9140, S9145, S9460		

Service Category	PA Rule	Services	Procedure Codes
Pain management	PA Required unless performed on the same day as surgery	Injection, anesthetic agent or steroid	62325, 62327, 64400, 64405, 64415, 64417, 64418, 64420, 64421, 64430, 64445, 64447, 64448, 64450, 64451, 64454, 64479, 64480, 64484, 64505, 64510, 64517, 64520, 64530
	PA Required	Destruction by neurolytic agent	64634, 64636
	No PA Required	Transversus abdominis plane (TAP) block	64486, 64488
Nerve block		64491, 64492, 64494, 64495, 64632	
Professional services	No PA Required	Professional services med admin	G0068, G0069, G0070, G0128, T1502, T1503
		Demonstration of home INR monitor	G0248
		In-patient telehealth consultations	G0406, G0407, G0408, G0425, G0426, G0427
Screenings & assessments	No PA Required	Comprehensive environmental lead investigation	T1029
Skin substitute	PA Required	Skin substitute products and injectables	Q4114, Q4130, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226
Sleep Medicine	No PA Required	Sleep medicine testing	95800, 95806