



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** January 10, 2024

**Subject:** REMINDER: Management of prior authorizations changing from eviCore to AmeriHealth Caritas New Hampshire

**Summary: AmeriHealth Caritas New Hampshire to manage prior authorization requests currently managed through eviCore healthcare beginning January 12, 2024**

As previously communicated, beginning January 12, 2024, AmeriHealth Caritas New Hampshire will be the single point of contact for all new prior authorization requests, prior authorization requests for continuation of services, and retrospective authorization requests previously managed by eviCore healthcare.

Any such authorization requests submitted to eviCore healthcare **before midnight on January 11, 2024, for selected services or items outlined on our [website](#) will be processed by eviCore healthcare. Beginning January 12, 2024, providers should submit all *new authorization requests, prior authorization requests for continuation of services, and retrospective authorization requests including for those services provided prior to January 12, 2024, directly to AmeriHealth Caritas New Hampshire.***

To help ensure a smooth transition of the management of prior authorization requests, AmeriHealth Caritas New Hampshire's Prior Authorization [webpage](#) and Lookup Tool, are being updated with instructions and guidelines that are effective January 12, 2024.

AmeriHealth Caritas New Hampshire will revert to the prior authorization guidelines for select services below that were in effect before eviCore.

<b>Diagnostic Sleep Testing</b>	<b>Occupational Therapy</b>
<b>Durable Medical Equipment</b>	<b>Pain Management</b>
<b>Genetic Testing</b>	<b>Physical Therapy</b>
<b>Joint &amp; Spine Surgery</b>	<b>Radiation Oncology</b>
<b>Medical Oncology</b>	

To verify whether a service or item requires prior authorization, use the [www.amerihealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx](http://www.amerihealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx) on our website. Please remember, the results of this tool are not a guarantee of coverage or



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authorization. If you do not see the service you are seeking, please contact **Utilization Management** at **1-833-472-2264**.

Prior authorization requests should be submitted in any one of the following ways:

- The fastest way to submit prior authorizations is electronically, via Medical Authorizations in [www.amerhealthcaritasnh.com/provider/resources/navinet.aspx](http://www.amerhealthcaritasnh.com/provider/resources/navinet.aspx).
- Fax a completed Prior Authorization Requests Form to **1-833-469-2264**.
- Request authorization from AmeriHealth Caritas New Hampshire **Utilization Management** by calling **1-833-472-2264** (8 a.m. to 5 p.m., Monday through Friday). After hours, weekends and holidays, please call Member Services at **1-833-704-1177**.

**Questions:**

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.