

**Prior Authorization Update: Durable Medical Equipment**  
*Effective February 1, 2017*

Effective for dates of service including and after **February 1, 2017**, NH Healthy Families will require prior authorization from all providers for the following Durable Medical Equipment (DME) codes. Prior authorization can be requested through the Secure Portal or by completing the forms on [NHhealthyfamilies.com](http://NHhealthyfamilies.com) and faxing the health plan. You can also use the Pre-Auth Needed? tool located on the NH Healthy Families website under Provider Resources to check authorization requirements.

We understand the importance of easy access to care, and we are committed to ensuring our prior authorization requirements continue to be appropriate and efficient.

Please contact Provider Services with your questions about authorization requirements at: 1-866-769-3085.

Code	Description
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0628	Separate seat lift mechanism for use with patient owned furniture-electric
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal d
L7259	Electronic wrist rotator, any type
L7364	Twelve volt battery, each
L8500	Artificial larynx, any type
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q4111	Gammagraft, per square centimeter
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)
V5427	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)
V5298	Hearing aid, not otherwise classified

***New Hampshire Healthy Families thanks you for being a part of our network.***