



Evolut Prior Authorization Updates, Effective April 1, 2026

As part of NH Healthy Families’ partnership with Evolut Specialty Services to manage utilization management, certain prior authorization requirements will be removed effective April 1, 2026.

As part of our ongoing work to improve the prior authorization (PA) process for providers and members, NH Healthy Families is removing PA requirements for select Radiology and Diagnostic Cardiology codes effective April 1, 2026.

These updates will create a more uniform set of PA requirements across all health plan offerings, simplify processes, reduce provider confusion, and support future efforts to expand real-time responses to requests. Each of the affected codes provided in this communication is managed on behalf of NH Healthy Families by Evolut Specialty Services, our utilization management partner.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

**As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) for Medicaid will no longer require PA and will be removed from the Evolut Utilization Review Matrix.**

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXILOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE CONGEN	75573
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318



*NH Healthy Families and Ambetter from NH Healthy Families are affiliated products serving Medicaid and Health Insurance Marketplace members, in the State of New Hampshire respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.*

**As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) for Marketplace will no longer require PA and will be removed from the Evolent Utilization Review Matrix.**

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
MRI PELVIS WITH DYE	72195, 72196, 72197
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
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