



Amendment

Important Prior Authorization Updates (Effective Feb. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, NH Healthy Families wants to share some important updates to our PA requirements for *all providers*. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care. **Please note that these changes do not apply to Community Mental Health Centers/Certified Community Behavioral Health Clinics (CMHCs/CCBHCs).**

H2027 -Participating providers allow the first 104 units total per member, per calendar year then prior authorization is required

90847 FAMILY PSYTX W/PT 50 MIN- Participating providers allow the first 24 visits then authorization is required. Non-participating providers require an authorization.

90853 GROUP PSYCHOTHERAPY- Participating providers allow the first 24 visits then authorization is required. Non-participating providers require an authorization.

Code change details can be found below for our providers. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.
- DME Services, Incontinence Supplies, T4521, T4522, T4523, T4524, PA Required beyond 186 units per calendar month.





PARTNERSHIP

IN PRACTICE



Service Category	PA Rule	Services	Procedure codes
Behavioral Health	PA Required	Psychotherapy	90847, 90853
		Substance Abuse Treatment	H2027
Cardiovascular	PA Required	Heart Surgery	93656
DME Services	PA Required	Incontinence Supplies	T4521, T4522, T4523, T4524
	PA Required	Neurostimulators	C1767
	PA Required	Supplies and Devices	E2512
Drug Codes	PA Required	Diabetic Drugs and Supplies	A4239
	No PA Required	Medications	J2469
Genetic Analysis	No PA Required	Genetic Testing	81244
Hearing Services	PA Required	Implants and Supplies	V5261
Home Services	No PA Required	Infusion Services	99601
Other Medical Services	PA Required	Other Services	A4554
Physical Medicine	PA Required	Orthotic and Prosthetic	Q4101, Q4121, Q4160, Q4186, Q4195, Q4196
Skin Procedures	PA Required	Muscle Flap Procedures	15734
Surgery Procedures	PA Required	Abortion Procedures	59841
		Cardiovascular System	33285, 37243, 92928
		Digestive System	49329, 49505, 49591, 49593, 49595, 49650
		Female Genitalia	58661, 58662
		Hysterectomies	58571, 58573
		Integumentary System	19301, 19357
		Male Genitalia	54360
Nervous System	64999		
Transportation Services	PA Required	Medical Transportation	A0431

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