

All Items and Services that Require Prior Authorization for New Hampshire Medicare in 2025

CATEGORY: MEDICAL/SURGICAL TREATMENT

Inpatient Admissions - General Guidelines

Inpatient services/admissions

Select musculoskeletal inpatient procedures (e.g., joint replacement surgery)

Medically necessary facility/hospital services to provide dental services (due to a serious medical condition)

Outpatient Surgeries and Musculoskeletal Surgeries - General Guidelines

Epidural Steroid Injections

Facet Joint Injections

Sacroiliac Joint Procedures

Epidural Adhesiolysis

Ablations/Denervations of Facet Joints and Peripheral Nerves

Regional Sympathetic Blocks

Implantable Intrathecal Delivery Systems

Spinal Cord and Dorsal Root Ganglion Stimulation

Intradiscal Procedures

Knee Replacement/Arthroplasty

Knee Surgery-Arthroscopic and Open Procedures

Hip Replacement/Arthroplasty

Hip Surgery-Arthroscopic and Open Procedures

Shoulder Surgery-Arthroscopic and Open Procedures

Shoulder Arthroplasty/Replacement/Resurfacing/Revision/Arthrodesis

Anterior Cervical Discectomy and Fusion

Cervical Total Disc Arthroplasty

Posterior Cervical Decompression

Cervical Microdiscectomy

Lumbar Microdiscectomy

Primary Vertebral Augmentation Percutaneous Vertebroplasty-Kyphoplasty and Sacroplasty

Lumbar Decompression

Lumbar Fusion (Arthrodesis)

Lumbar Total Disc Arthroplasty

Sacroiliac Joint Fusion or Stabilization

Grafts

Thoracic Decompression and Discectomy

Thoracic and Thoracolumbar Fusion (Arthrodesis)

Electrical and Low Frequency US Bone Growth Stimulation Spine

Other outpatient surgeries

Drugs in the Medical Benefit - General Guidelines

Gene therapy and cell therapy

Other Outpatient Services - General Guidelines

Home health care services

Select outpatient services (e.g., HBOT)

Radiological Services - General Guidelines

Abdomen Imaging

Breast Imaging

Cardiac Imaging

Chest Imaging

Head Imaging

Musculoskeletal Imaging

Neck Imaging

Oncology Imaging

Pelvis Imaging

Peripheral Nerve Disorders Imaging

Peripheral Vascular Disease Imaging

Spine Imaging

IMRT outpatient

Other types of radiation treatment/radiotherapy (e.g., proton beam radiation therapy)

NOTE: No prior authorization (PA) required for low-cost radiology services. Stereotactic radiation therapy does not PA.

Other Professional - General Guidelines (Not Included in Other Sections)

All services associated with transplantation

Select professional services managed by WellSense using an internal medical policy when PA is required, Noted in the code look-up tool

Physical, Occupational, and Speech Therapy - General Guidelines

Outpatient or home-based OT, PT, and ST

Note: PT, OT, and/or ST provided during an authorized inpatient admission does not require a separate authorization

DME/Prosthetics/Medical Supplies - General Guidelines

Air Cleaner – Purifier

Airway Clearance Devices- PEP Device, Oscillating Device and Percussor

Ankle Foot, Knee Ankle-Foot Orthosis

Apnea Monitor

Automatic External Defibrillator

Bathroom Aids

Bed Related Accessories

Bedwetting Alarm for Nocturnal Enuresis

Bilirubin Light - Phototherapy

Blood Glucose Monitor

Blood Pressure Monitor

Bowel Irrigation Evacuation System

Breast Prosthesis and Supplies Following Mastectomy

Breast Pumps and Accessories

Canes and Crutches

Cervical Pillow

Cervical Traction Devices

Cervical- Thoracic Orthosis (Halo Brace) Cervical Orthosis Cervical Collar
Cold Pad Cold Pressure Therapy
Commode
Cont. Glucose Monitoring System
Continuous Passive Motion (CPM) Devices
Cranial Orthosis and Protective Helmets
Dehumidifier-Humidifier
DME Other
Drug Delivery System for MDI
Electrical Stimulation and Electromagnetic Therapy for the Treatment of wounds
Enteral Nutrition
Exercise Equipment
External Infusion Pump and Supplies
Eye Prosthesis
Facial Prosthesis
Hair Prosthesis
Heat and Moisture Exchanger
Heating Pad
High Frequency Chest Wall Oscillation Device
Hip Orthosis
Home Lumbar Traction Devices
Hospital Beds and Accessories
Insulin Infusion Pump and Supplies
Intrapulmonary Percussive Ventilation System
Jaw Motion Rehabilitation System
Knee Orthosis Orthotic Devices-Lower Limb
Lower Limb Prosthesis
Lymphedema Pump – Pneumatic Compression Pump
Manual Wheelchair Bases
Massage Devices
Mechanical In-Exsufflation Devices
Mechanical Stretch Devices for Joint Stiffness and Contractures
Myoelectric Upper Limb Prosthesis
Nebulizers Compressors
Negative Pressure Wound Therapy
Neuromuscular Electrical Stimulation NMES
Non-contact Normothermic Wound Therapy
Non-Implantable Pelvic Floor Electrical Stimulator
Non-Invasive Vagus Nerve Stimulator
Orthopedic Footwear
Osteogenesis Stimulator- Spinal and Non-Spinal
Ostomy Supplies
Oxygen and Oxygen Equipment

PAP Therapy
Paraffin Bath Unit
Patient Lift
Pessary
Power Mobility Devices
Powered Exoskeleton Orthosis
Pressure Gradient Garments and Support Stockings
Pressure Reducing Support Surfaces
Pulse Oximeter for Home Use
Respiratory Assist Device
Seat Lift Mechanisms
Sitz Bath
Speech Aid- Artificial Larynx
Speech Generating Devices
Spinal Orthoses
Stander Policy
Suction Pumps
Surgical Dressings
Therapeutic Light Box for Seasonal Affective Disorder
Therapeutic Shoes for Individuals with Diabetes
Tracheostomy Care Supplies
Transcutaneous Electrical Nerve Stimulators TENS
Transport Chair Roll About Chair
Truss
Ultraviolet Light Therapy
Upper Extremity Orthosis
Urological Supplies
Vacuum Erection Devices
Vaporizer
Ventilators
Vitreectomy Support Systems
Walker
Wheelchair Cushions – Seating Systems
Wheelchair Options – Accessories

NOTE: DME managed by Northwood does not require prior authorization if under \$500 based on the Northwood fee schedule and units billed (excluding unspecified wheelchair components, accessories, or miscellaneous DME

NOTE: DME managed directly by WellSense when home infusion provider is billing for medical supplies and equipment related to infusion/parenteral/tube fed nutrition

Cardiovascular Services - General Guidelines

Ambulatory cardiac monitors

Ancillary Services - General Guidelines (Excluding Lab Test, Radiological Services)

Diagnostic procedures, testing, and other ancillary services in the outpatient setting (varies by procedure code)

NOTE: Anesthesia-specific codes do not require a separate authorization (excluding pain management treatment procedure codes such as facet injections that may be administered by anesthesiologists and referenced in

NOTE: Diagnostic procedures, tests, and other ancillary services provided in the inpatient setting when admission is authorized by the Plan does not require separate authorization for diagnostic procedures, tests, and other ancillary

Pathology/Laboratory Services - General Guidelines

- Genetic, molecular, and genomic testing
- Drug screening/testing for illicit drugs and/or controlled substances
- Other laboratory services. See code look-up tool for code-specific requirements

Other - General Guidelines

- Assisted Reproductive Services
- Experimental and investigational services
- Cosmetic, reconstructive, and restorative services
- New technologies
- Scleral lens/shells/bandages
- Out-of-network service (except for emergency care and urgent care) - WellSense complies with continuity of care guidelines and network accessibility standards
- Inpatient readmissions (with exceptions)
- Inpatient short stay (0-1 midnight length of stay)
- TMJ disorder treatment
- Non-emergency ambulance transportation services

CATEGORY: BEHAVIORAL HEALTH TREATMENT

- Inpatient Psych
- Inpatient SUD (Detox/Acute Treatment Services)
- Partial Hospital Psych and Co-occurring Disorders
- Intensive Outpatient Psych
- Intensive Outpatient SUD
- Residential Psych
- Residential SUD
- Outpatient Psych
- Outpatient SUD