



Prior Authorization/Notification Requirements

wellsense.org | 855-833-8125

This document, outlining common services that require prior authorization or Plan notification, is for use by participating WellSense and WellSense Medicare Advantage providers.

The Plan and contracted vendors evaluate requests for covered services and determines medical necessity through the use of InterQual® criteria (nationally recognized commercially purchased), American Society of Addiction Medicine criteria (The ASAM Criteria®), or internal medical policies that are evidence-based.

The plan will follow InterQual® 2025 criteria sets until 05/31/26. Starting 06/01/26 the plan will follow InterQual® 2026 criteria sets.

Prior authorization/notification requirements apply to Plan products (WellSense Medicaid and WellSense Medicare Advantage HMO) as indicated by the symbol ♦.

Prior to scheduling a service, providers should refer to the Member Handbook for the member's plan, the Provider Manual and the applicable Medical Policy or Reimbursement Policy for coverage and/or processing requirements for the service in question.

NOTE: The guidelines included in Plan policies on www.wellsense.org are applicable to members enrolled in WellSense Medicare Advantage *only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD)* on the date of the prior authorization request.

Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes.

These documents and tools can be found on the Plan's website www.wellsense.org.

If the requested service is of a medically urgent nature, as defined in the Provider Manual Section 8.9, please indicate "URGENT" on your request.

Emergent admissions and observation notifications need to be faxed to **1-866-813-8607**.

If you have any questions, please contact the Plan's Prior Authorization Department at: **877-957-1300** for requests regarding **Medical Services, Behavioral Health Services, Authorizations and Notifications other than Pharmacy** or the appropriate vendor as listed below.

Service	Types of Services	Vendor	Contact Information
Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)	<ul style="list-style-type: none"> • Durable Medical Equipment • Prosthetics/Orthotics • Medical Supplies <p>Please click the link below here for more information regarding Provider Types managed and exclusions from Prior Authorization. Northwood Information</p>	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551
Genetic, Molecular and Genomic Testing	<ul style="list-style-type: none"> • Genetic, Molecular and Genomic Testing 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/
Musculoskeletal Procedures	<ul style="list-style-type: none"> • Outpatient pain management services • Joint Surgeries • Spine Surgeries • Spinal Implants • Spinal Cord Stimulators • Pain Pumps 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/
Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)	<ul style="list-style-type: none"> • Nuclear cardiology imaging, including myocardial perfusion imaging, cardiac blood pool imaging, infarct imaging and positron emission tomography (PET) myocardial imaging • Computed tomography (CT), including CT angiography, derived fractional flow reserve, structural CT and quantitative evaluation of coronary calcification • Magnetic resonance imaging (MRI) • Magnetic resonance angiography (MRA) • Magnetic resonance spectroscopy (MRS) • Functional MRI (fMRI) 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/

Service	Types of Services	Vendor	Contact Information
<p>Transportation, Non-Emergent Medical</p>	<p>Non-emergency transportation coverage is available, when necessary, to help members get to and from the following healthcare services:</p> <ul style="list-style-type: none"> • WellSense Health Plan Covered Services • Services directly paid for by New Hampshire Medicaid <p>Modes of non-emergent medical transportation:</p> <ul style="list-style-type: none"> • Non-emergent ambulance when initiated by provider and deemed medically necessary by the Plan • Wheelchair van when certified by the provider • Public transportation • Private transportation: Friends/Family/Volunteer reimbursement when driver is pre-qualified by Well Sense Health Plan transportation 	<p>Medical Transportation Management (MTM)</p>	<p>Phone: 844-909-7433 (or 844-909-RIDE)</p> <p>Non-emergent requests are initiated by the member or provider.</p> <p>Non-urgent trip requests must be made at least 2 business days prior to the date of the trip.</p> <p>Urgent trip requests must be made at least 2 hours before transportation is needed.</p> <p>Medicare Advantage: Limited to 24 trips/benefit year</p>

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Actigraphy Testing	Prior authorization; PCP or Servicing Provider	◆	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Acupuncture	Prior authorization; PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS For Medicare Advantage members, prior auth is required for covered indications for acupuncture (low back pain), as specified in the Medical Policy.
Adult Medical Day Care	Prior authorization; PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS
Ambulatory Monitoring Devices	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Amtagvi™ (lifileucel)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Assisted Reproductive Technology (formerly known as Infertility Service)	Prior authorization; PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Balloon Sinus Ostial Dilation as Stand –Alone Procedure	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Bariatric Surgery	Prior authorization; PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Breast/Chest Procedures: <ul style="list-style-type: none"> Breast Reconstruction Breast Reduction Surgery Gynecomastia Surgery Mastopexy 	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
CAR T-Cell Therapy to Treat Hematological Malignancies	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Casgev™ (exagamglogene autotemcel)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cervical Artificial Disc Replacement	Prior authorization; PCP or Servicing Provider	◆	◆	◆	eviCore	At least 5 calendar days before requested DOS
Chronic Back and Neck Pain Treatment: <ul style="list-style-type: none"> Facet Joint Nerve Injections Percutaneous Radiofrequency Denervation Sacroiliac Joint Injections 	Prior authorization; PCP or Servicing Provider	◆	◆	◆	eviCore	At least 5 calendar days before requested DOS
Clinical Trials	Prior authorization; PCP or Servicing Provider	◆	◆	N/A see Benefits	Medical Policy	At least 5 calendar days before requested DOS
Cochlear Implants	Prior authorization; PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Contact Lens and Scleral Lens for Certain Medical Conditions	Prior authorization; PCP or Servicing Provider	◆	◆	◆*	Medical Policy	For Medicaid: <ul style="list-style-type: none"> • Applies to non-par VSP providers that bill the Plan • At least 5 calendar days before requested DOS *For Medicare: <ul style="list-style-type: none"> • Contact lenses are covered only after cataract surgery – see Member Benefits
Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Devices	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cosmetic, Reconstructive & Restorative Services	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Dental, Additional Plan Benefits	PCP or Servicing Provider- see comment	See plan benefits, routine dental not included	See benefits, typically coordinated through NH Medicaid directly	Delta Dental Customer Service 844-260-6097 or click here.	Plan Benefits	For specific detailed benefits please review the plan specific benefits here by clicking on the Members tab and selecting the plan type.
Dental Services, Medically Necessary Facility/Hospital Services	Prior authorization; PCP or Servicing Provider	<i>Not applicable</i>	◆	<i>Not applicable</i>	Medical Policy	At least 5 calendar days before requested DOS
Dental Services, Medically Necessary Facility/Hospital Services (Due to a Serious Medical Condition)	Prior authorization; PCP or Servicing Provider	◆	<i>Not applicable</i>	◆	Medical Policy	At least 5 calendar days before requested DOS
Drug Screening/Testing for Illicit Drugs and/or Controlled Substances	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Electric Tumor Treatment Fields (TTF)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Elevidys® (delandistrogene moxeparvec-rokl)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Endoscopic Procedures or Magnetic Esophageal Sphincter Augmentation to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Experimental and Investigational	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Gender Affirmation Services	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<p>Genetic, Molecular and Genomic Testing <i>(Please see the below examples, for specific codes authorization requirements please consult the plan's Code Look up tool here Code Look-Up Tool)</i></p> <ul style="list-style-type: none"> • Fragile X-Associated Disorder • Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX) • Genetic/Genomic Testing and Pharmacogenetics • Hereditary Breast and Ovarian Cancer Syndrome 	Prior authorization; PCP or Servicing Provider	◆	◆	◆	eviCore	At least 5 calendar days before requested DOS
Hemgenix® (etranacogene dezaparvovec drlb)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
<p>Home Health:</p> <ul style="list-style-type: none"> • Routine Services: <ul style="list-style-type: none"> ○ Home Health Aide ○ Occupational Therapy ○ Physical Therapy ○ Respiratory Therapy ○ Skilled Nursing ○ Social Worker ○ Speech Therapy • Postpartum/Newborn Home Care Visit(s) 	<p>Prior authorization; PCP or Servicing Provider</p> <p>Prior authorization; PCP or Servicing Provider</p>	◆	◆	◆	<p>Medical Policy in conjunction with InterQual®</p> <p>Provider Manual</p>	<p>Request to initiate services following evaluation at least prior to the first requested DOS</p> <p>Request additional services at least 5 calendar days before requested DOS</p>

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Hospice Care	Prior authorization; PCP or Servicing Provider	◆	◆	Not a Plan-covered benefit*	Reimbursement Policy Covered Services List	Medicaid: <ul style="list-style-type: none"> Request to initiate services following evaluation at least prior to the first requested DOS Request for additional services at least 5 calendar days before requested DOS *Medicare: <ul style="list-style-type: none"> Hospice is covered by Original Medicare, not Medicare Advantage
Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids	Prior authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

<p>Inpatient Care at an Acute Hospital:</p> <ul style="list-style-type: none"> • Elective Admission • Emergent or Urgent Admission • Following Observation Admission • Maternity <ul style="list-style-type: none"> ○ Elective C-Section ○ Emergent C-Section and Routine Delivery ○ Home or Same Day Birthing Center • Newborn Birth • Newborn Continued Stay Post Mother’s Discharge • Newborn Admission to NICU or Level 2 Nursery 	<p>Prior authorization; Servicing Facility or Treating Physician</p> <p>Notification; Servicing Facility or Treating Physician</p> <p>Notification; Servicing Facility</p> <p>Notification; Servicing Facility</p> <p>Servicing Facility; See comment</p> <p>Notification; Servicing Facility</p> <p>Notification; Servicing Facility</p> <p>Notification; Servicing Facility</p>	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>Provider Manual</p>	<p>At least 5 calendar days before requested DOS</p> <p>Plan notification within 1 business day following admission date</p> <p>Plan notification within 1 business day following admission date</p> <p>Plan notification within 1 business day following admission date</p> <p>No prior authorization needed for contracted provider</p> <p>Plan notification within 1 business day of birth</p> <p>Prior to mother’s discharge</p> <p>Plan notification within 1 business day following admission to NICU/Level 2 Nursery</p>
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Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Inpatient Care at Other Type of Facility: <ul style="list-style-type: none"> • Chronic Disease Hospital • Long-Term Acute Care Hospital (LTAC) • Rehabilitation Hospital • Skilled Nursing Facility 	Servicing Facility or Treating Physician; See comment	◆	◆	◆	Provider Manual	Prior to admission Medicaid: Covered by DHHS. Follow current DHHS Process. Medicare: Covered by Plan; request PA prior to admission
Inpatient Readmission	Notification; Servicing Facility or Treating Physician	◆	◆	◆	Medical Policy	Plan notification within 1 business day following inpatient admission date
Inpatient Short Stay (0-1 Midnight Length of Stay)	Servicing Facility or Treating Physician	◆	◆	◆	Medical Policy	
Laviv® (azficel-T)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Luxturna® (voretigene neparvovec-rzyl)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Lyfgenia™ (Ivotibeglogene autotemcel)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, Facet Arthroplasty, Lysis of Adhesions, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	eviCore	At least 5 calendar days before requested DOS
Nerve Repair for Peripheral Nerve Injury	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Non-Emergency Transportation Services <i>(also see Transportation, Non-Emergent Medical, above)</i>	PCP or Servicing Provider; See Comment	◆	◆	◆	Medical Policy	No auth required for emergency transport Auth required for certain non-emergent transport
Non-Implantable Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Observation: • Elective/Emergent	PCP or Servicing Facility; See Comment	◆	◆	◆	Provider Manual	At least 5 calendar days before requested DOS for Elective Plan notification within 1 business day following initiation of observation for Emergent
Omisirge® (omidubicel-only)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Osteochondral Defects of the Knee Treatments	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	eviCore	At least 5 calendar days before requested DOS
Out-of-Network Services	Prior Authorization; PCP or Servicing Provider	◆	◆	◆ Not applicable to PPO Product	Medical Policy	At least 5 calendar days before requested DOS
Panniculectomy and Related Redundant Skin Surgery	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Peripheral Nerve Stimulation	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Personal Care Assistant Services	Prior Authorization; PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Pharmacy	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Provider Manual	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Pregnancy	Notification; Obstetrics Provider	◆	◆	◆	Provider Manual	Plan notification within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing	Prior Authorization; PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Prolotherapy	Prior Authorization; PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	Not applicable	Medical Policy	At least 5 calendar days before requested DOS
Private Duty Nursing	Prior Authorization; PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS
Rehabilitation Therapy (Functional Therapy), Outpatient: <ul style="list-style-type: none"> Occupational Therapy (OT) Physical Therapy (PT) Speech or Language Therapy or Voice Therapy (ST) 	Prior Authorization; PCP or Servicing Provider	See plan specific benefits	◆ ◆ ◆	◆ ◆ ◆	Medical policy applied for prior authorization waivers in conjunction with InterQual® criteria Medical Policy NH Clarity Benefits	Request for services following evaluation 5 calendar days before requested DOS
Rethymic® (Allogeneic Processed Thymus Tissue-agdc)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Roctavian™ (valoctocogene roxaparvovec-rvox)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Skin Substitutes in the Outpatient Setting	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Skysona® (elivaldogene autotemcel)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Sleep Studies Polysomnography (Attended testing only for members age 21 or older)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Stimulators, Neuro/Neuromuscular/Nerve:	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Surgical Procedures: <ul style="list-style-type: none"> Inpatient (All Elective Procedures) Outpatient (Select Elective Procedures) 	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Provider Manual	At least 5 calendar days before requested DOS Additions/Changes to existing authorizations within 5 days following the DOS
Tecelra® (afamitresgene autoleucel)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Temporomandibular Joint (TMJ) Disorder Treatment	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/Notification and Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Transplants (Bone Marrow, Stem Cell, or Solid Organ): <ul style="list-style-type: none"> • Lung Transplant • Pancreas or Pancreas-Kidney Transplant • Small Bowel and Multivisceral Transplant • Other Transplants 	Prior Authorization; Servicing Facility	◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	Medical Policy InterQual® or the Plan’s Medically Necessary Medical Policy (OCA 3.14)	When determined to be a candidate
Whole Body Integumentary Photography	Prior Authorization; PCP or Servicing Provider	◆	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Video EEG Monitoring	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Vitamin D Testing	N/A	◆	◆	◆	Medical Policy	Services must be billed with a valid diagnosis per the Policy.
Zynteglo™ (betibeglogene autotemcel)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Zolgensma® (onasemnogene abeparvovec)	Prior Authorization; PCP or Servicing Provider	◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Behavioral Health Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Applied Behavior Analysis (ABA)	Prior Authorization; Servicing Provider	◆	◆	◆	InterQual® For New Hampshire Medicaid Member see Medical Policy for additional requirements	Prior authorization required. Complete ABA Prior Authorization form and return via fax or portal for initial and continued services.
Acute Treatment Services (ATS 3.7)	Notification; Servicing Facility	◆	◆	Not a covered benefit	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Community-Based Support Services	N/A	◆	◆	N/A	Medical Policy	Plan prior authorization, Plan notification, and/or concurrent review are not required
High Intensity Rehabilitation Services (ASAM 3.5)	Notification; Servicing Facility	◆	◆	Not a covered benefit	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Inpatient Psychiatric Services	Notification; Servicing Facility	◆	◆	◆	InterQual®	Notification via portal or fax within 5 calendar days following admission date. Servicing facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.
Inpatient SUD-Medically Managed (ASAM 4) Detoxification	Notification; Servicing Facility	◆	◆	◆	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Intensive In-Home services for Youth	Prior Authorization; Servicing Provider	Not a covered benefit	◆	Not a covered benefit	Medical Policy	Prior authorization required. Call the assigned reviewer to complete a medical necessity review.

Behavioral Health Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Low- Intensity Residential Treatment (ASAM 3.1)	Notification; Servicing Facility	◆	◆	Not a covered benefit	ASAM Criteria®	Initial notification within 7 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Partial Hospitalization Program	Notification; Servicing Provide	◆	◆	◆	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Partial Hospitalization Program (half day PHP)	Notification; Servicing Provider	◆	◆	◆	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Partial Hospitalization Program SUD (ASAM 2.5)	Notification; Servicing Provider	◆	◆	◆	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Psychological Tests and Neuropsychological Tests	Servicing Provider; See comment	◆	◆	◆	InterQual®	Complete Psychological/ Neuropsychological form and return via fax or portal within 5 business days of initiating services.
Repetitive Transcranial Magnetic Stimulation (rTMS)	Prior Authorization; Servicing Provider	◆	◆	◆	InterQual®	Prior authorization required. Complete rTMS request form and submit via fax or portal.
Residential Treatment Services- Psychiatric	Notification; Servicing Facility	◆	Not a covered benefit	Not a covered benefit	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.