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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 11-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid & Children's Health Operations / Region I

March 20, 2012

Nicholas Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301

Dear Mr. Toumpas:

We are pleased to enclose a copy of approved New Hampshire State Plan Amendment (SPA) No. 11-009 submitted to my office on December 30, 2011. This SPA transmitted a proposed revision to New Hampshire's approved Title XIX State Plan in order to remove the 18 visit service limit on physician and advanced registered nurse practitioners (ARNP), to change the psychotherapy service limit from 12 to 18 visits for adults age 21 and over and from 12 to 24 the visits for children under age 21. In addition the state made minor updates on some of these older state plan pages.

This SPA has been approved effective November 1, 2011 as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, page 2a and 2b
- Attachment 3.1A, page 3b
- Attachment 3.1B, page 2c
- Attachment 3.1B, page 3a and 3b
- Attachment 3.1E, page 1 and 2
- Attachment 4.19B, page 1a, 2 and 2a
-

If you have any questions regarding this matter, you may contact Angel Miller at 617-565-1324 or by email at Angel.Miller@cms.hhs.gov.

Sincerely,

S

Richard R. McGreal
Associate Regional Administrator

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- Attachment 3.1A, page 2a and 2b
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Richard R. McGreal
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-009

2. STATE
NH

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.50; 42 CFR 440.60, 42 CFR 440.230(d)


7. FEDERAL BUDGET IMPACT:
\$346,657 – FFY 2012 (\$166,770 phys; \$179,887 psych)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A, page 2a and 2b
Attachment 3.1A, page 3b
Attachment 3.1B, page 2c
Attachment 3.1B, page 3a and 3b
Attachment 3.1-E, page 1 and 2
Attachment 4.19-B, page 1a, 2,2a
(note: no reimbursement changes; submitting pages only for CMS review of corresponding reimbursement methodology)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1A, page 2a, TN 97-09; pg 2b, TN 10-008
Attachment 3.1A, page 3b, TN 10-003
Attachment 3.1B, page 2c, TN 11-009
Attachment 3.1B, page 3a, TN 10-008, pg 3b, TN 11-009
Attachment 3.1-E, page 1, TN 95-10, pg 2, TN 92-04
Attachment 4.19-B, pg 1a, TN 10-008, pg 2, TN 11-002, pg 2a, TN 11-002

10. SUBJECT OF AMENDMENT:
Changes to Physician and Psychotherapy Service Limits

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: comments, if any, will follow
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME: Nicholas A. Toumpas

14. TITLE: Commissioner

15. DATE SUBMITTED:
12/30/2011

16. RETURN TO:
Dawn Landry
Division of Family Assistance/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/30/2011

18. DATE APPROVED:
03/27/2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
11/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Richard R. McGreal

22. TITLE:
Associate Regional Administrator

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-A
Page 2-a

4a. Nursing Facility Services

Payment for nursing facility care is available to both categorically and medically needy recipients in need of such care. Payment is made for a non-private room. Determination of need for nursing facility care and authorization of payment for nursing facility care is made by the Bureau of Elderly and Adult Services.

4b. Early and Periodic Screening, Diagnosis, and Treatment

Limited to federal requirements for the categorically needy. Any limits to services provided in Attachment 3.1-A do not apply to individuals under EPSDT as long as medical necessity criteria as determined by the Office of Medicaid Business and Policy have been met.

4c. Family Planning Services

Family planning services provided by agencies under contract obligation with the Division of Public Health Services shall include education and counseling services.

5a. Physician Services

Coverage for physician services is unlimited except for those physician services affiliated with outpatient hospital visits, which are limited to 12 per recipient per state fiscal year. Laboratory tests and diagnostic x-rays are not counted against the outpatient physician visit limit.

Except for kidney and tissue transplants, to include corneas, bone grafts, and skin transplants, which are covered without prior authorization, prior authorization is required for the coverage of physician services for organ transplants which include bone marrow, liver, heart, lung, heart-lung, pancreas, and pancreas-kidney. (See Attachment 3.1-E for specific details.) Certain surgical procedures to include bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty and rhinoplasty also require prior authorization.

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any type of organ or tissue transplant not specified above (including hairplasty) or more than two transplants of the same type of organ per recipient per lifetime.

In accordance with federal law, coverage for induced abortions is provided when the physician certifies that the pregnancy was the result of rape or incest or the woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

TN No: 11-009
Supersedes
TN No: 97-09

Approval Date 3/27/2012 Effective Date: 11/01/2011

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

**Title XIX – NH
Attachment 3.1-A
Page 2-b**

Physician laboratory and diagnostic radiology services are subject to the limit described under the Other Laboratory and X-ray service heading.

Services provided by licensed psychiatrists and ophthalmologists are included in the physician limits. Payment for refraction is limited to one (1) per recipient per state fiscal year, whether the provider is an optometrist or ophthalmologist.

5b. Medical and Dental Services

Services provided by a doctor of dental surgery or dental medicine which would otherwise be physician services are treated in the same manner as physicians in accordance with 5a.

6a. Podiatrists' Services

Payment for the services of licensed podiatrists is limited to four (4) visits per recipient per state fiscal year.

Podiatrist services shall be covered for medical and surgical treatments of the foot and lower leg for pathological conditions of the foot due to localized illness, injury, or symptoms involving the foot. Prevention and reduction of corns, calluses, and warts are covered if by cutting or surgical means only. Other licensed podiatrist services include routine foot care and trimming and burring of nails, including mycotic nails, performed by a podiatrist provided that:

The recipient's primary health care provider has documented in the recipient's medical record the the recipient's current medical condition justifies the need for such foot care to be performed by a podiatrist; and

The primary health care provider has written a referral to a podiatrist for such care, and the referral is maintained in the recipient's record.

**TN No: 11-009
Supersedes
TN No: 10-008**

Approval Date 3/27/2012

Effective Date: 11/01/2011

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-A
Page 3-b

6b. Optometrist Services

Payment to state licensed optometrists or ophthalmologists for refraction is limited to one (1) per recipient per state fiscal year whether the provider is a licensed optometrist or ophthalmologist.

6c. Chiropractor Services

Not covered

6d. Clinical Psychologist

Treatment provided by a licensed clinical psychologist, who is not on the staff of a community mental health center, is limited to 18 visits per recipient per state fiscal year for adults (age 21 and over) and 24 visits per recipient per state fiscal year for children (under age 21). Such visits are to be counted toward the 18 visit adult/24 visit child psychotherapy cap for all non-physician practitioners.

Advanced Registered Nurse Practitioners

Section 6405 of P.L. 101-239 (OBRA 1989) is met by ARNP. Treatment provided by advanced registered nurse practitioners (known as advanced practice registered nurses-APRN's-in NH) who meet state licensure requirements is unlimited except for psychotherapy treatment. Psychotherapy is limited to 18 visits per recipient per state fiscal year for adults (age 21 and over) and 24 visits per recipient per state fiscal year for children (under age 21). Such visits are to be counted toward the 18 visit adult/24 visit child psychotherapy cap for all non-physician practitioners.

Certified Midwives

Midwife services comprised of the necessary supervision, care, and advice provided to women during the pregnancy, labor and postpartum period, and including care of the newborn, shall be provided pursuant to RSA 326-D and by individuals certified to practice midwifery in New Hampshire pursuant to RSA 326-D:6. For purposes of this Title XIX state plan service, certified midwives shall be considered the equivalent of licensed practitioners per CMS.

Pastoral Counselors

Psychotherapy services provided by a licensed pastoral counselor, who is not on the staff of a community mental health center, are limited to 18 visits per recipient per state fiscal year for adults (age 21 and over) and 24 visits per recipient per state fiscal year for children (under age 21). Such visits are to be counted toward the 18 visit adult/24 visit child psychotherapy cap for all non-physician practitioners.

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include the services specified in 7a-7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). Medical supplies, equipment and appliances suitable for use in the home are provided in accordance with physician review as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

a. & b. Nursing and Home Health Aide

Services can only be provided in the patient's place of residence, not in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

TN No: 11-009
Supersedes
TN No: 10-003

Approval Date 3/27/2012 Effective Date: 11/01/2011

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-B
Page 2-c

5a. Physician Services

Coverage for physician services is unlimited except for those physician services affiliated with outpatient hospital visits, which are limited to 12 per recipient per state fiscal year. Laboratory tests and diagnostic x-rays are not counted against the outpatient physician visit limit.

Except for kidney and tissue transplants, to include corneas, bone grafts, and skin transplants, which are covered without prior authorization, prior authorization is required for the coverage of physician services for organ transplants which include bone marrow, liver, heart, lung, heart-lung, pancreas, and pancreas-kidney. (See Attachment 3.1-E for specific details.) Certain surgical procedures to include bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty and rhinoplasty also require prior authorization.

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any type of organ or tissue transplant not specified above (including hairplasty) or more than two transplants of the same type of organ per recipient per lifetime.

In accordance with federal law, coverage for induced abortions is provided when the physician certifies that the pregnancy was the result of rape or incest or the woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

Physician laboratory and diagnostic radiology services are subject to the limit described under the Other Laboratory and X-ray service heading.

Services provided by licensed psychiatrists and ophthalmologists are included in the physician limits. Payment for refraction is limited to one (1) per recipient per state fiscal year, whether the provider is an optometrist or ophthalmologist.

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Services provided by a doctor of dental surgery or dental medicine which would otherwise be physician services are treated in the same manner as physicians in accordance with 5a.

TN No: 11-009
Supersedes
TN No: 95-10

Approval Date 3/27/2012 Effective Date: 11/01/2011

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Payment for the services of licensed podiatrists is limited to four (4) visits per recipient per state fiscal year.

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The primary health care provider has written a referral to a podiatrist for such care, and the referral is maintained in the recipient's record.

6b. Optometrists' Services

Payment to state licensed optometrists or ophthalmologists for refraction is limited to one (1) per recipient per state fiscal year whether the provider is a licensed optometrist or ophthalmologist.

6c. Chiropractors' Services

Not provided

6d. Other Practitioners' Services

Clinical Psychologist

Treatment provided by a licensed clinical psychologist, who is not on the staff of a community mental health center, is limited to 18 visits per recipient per state fiscal year for adults (age 21 and over) and 24 visits per recipient per state fiscal year for children (under age 21). Such visits are to be counted toward the 18 visit adult/24 visit child psychotherapy cap for all non-physician practitioners.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-B
Page 3-b

6d. Other Practitioner's Services (cont)

Advanced Registered Nurse Practitioners

Section 6405 of P.L. 101-239 (OBRA 1989) is met by ARNP. Treatment provided by advanced registered nurse practitioners (known as advanced practice registered nurses-APRN's-in NH) who meet state licensure requirements is unlimited except for psychotherapy treatment. Psychotherapy is limited to 18 visits per recipient per state fiscal year for adults (age 21 and over) and 24 visits per recipient per state fiscal year for children (under age 21). Such visits are to be counted toward the 18 visit adult/24 visit child psychotherapy cap for all non-physician practitioners.

Certified Midwives

Midwife services comprised of the necessary supervision, care, and advice provided to women during the pregnancy, labor and postpartum period, and including care of the newborn, shall be provided pursuant to RSA 326-D and by individuals certified to practice midwifery in New Hampshire pursuant to RSA 326-D:6. For purposes of this Title XIX state plan service, certified midwives shall be considered the equivalent of licensed practitioners per CMS.

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Home health services are provided in accordance with 42 CFR 440.70 and include the services specified in 7a-7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). Medical supplies, equipment and appliances suitable for use in the home are provided in accordance with physician review as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

a. & b. Nursing and Home Health Aide

Services can only be provided in the patient's place of residence, not in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 440.70(c).

7c. Medical Supplies, Equipment and Appliances

Prior authorization is required for the purchase of most (prosthetics and orthotics which fall under DME in the department's rules, but under item #12 in the state plan, do not require prior authorization) durable medical equipment as detailed in the department's rules at He-W 571, as well as for modifications to manual or power wheelchairs. Repairs to power wheelchairs require prior authorization if the repairs total \$800 or more.

Prior authorization is required for disposable diapers and related incontinence supplies for recipients 21 years of age and older. Other medical supplies do not require prior authorization.

7d. Physical and Occupational Therapy, Speech Pathology and Audiology Services

When provided by a home health agency, visiting nurse association or independent therapist, these services are limited to eighty (80), fifteen minute units per recipient per state fiscal year. The eighty (80) units may be used for one type of therapy or in any combination of therapies

Physical, Occupational and Speech Pathology/Audiology Services are provided in accordance with the service and practitioner requirements of 42 CFR 440.110 and 42 CFR 440.70(b)(4).

TN No: 11-009
Supersedes
TN No: 07-010

Approval Date 3/27/2012 Effective Date: 11/01/2011

State/Territory: New Hampshire

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Covered Organ Transplants:

Organ transplants from human donor to human recipient are a covered service subject to the following conditions and limitations:

1. Covered transplants include kidney, bone marrow, heart, heart-lung, lung, liver, pancreas, and pancreas-kidney, as well as tissue transplants to include cornea, bone grafts and skin transplants with the exception of hairplasty.
2. Except for kidney and tissue transplants which are covered without prior authorization, prior authorization for organ transplants in item #1 above must be requested of and obtained from the Office of Medicaid Business and Policy (OMBP) prior to the service being rendered. Evaluation of prior authorization requests will include (a) a review of other treatment options explored, and (b) application of the most current, evidence-based clinical criteria as specified by OMBP in its rules at He-W 531 in order to determine the recipient's suitability as a candidate for the specified organ transplant(s).
3. The organ transplant procedure and organ procurements must be performed by a NH Title XIX enrolled provider, at a NH Title XIX enrolled provider facility.

Non-Covered Organ Transplants:

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any other organ transplant not specified in item #1 above, more than two transplants of the same type of organ per recipient per lifetime, and organ transplants that require prior authorization but which are not prior authorized.

TN No: 11-009
Supersedes
TN No: 95-10

Approval Date 3/27/2012

Effective Date: 11/01/2011

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

ATTACHMENT 3.1-E
Page 2
QMB No. 0938-0193

State/Territory: New Hampshire

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

(Reserved)

TN No: 11-009
Supersedes
TN No: 92-04

Approval Date 3/27/2012

Effective Date: 11/01/2011

**PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT
HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES**

4. **Family Planning Services** – Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan which are considered to qualify as family planning services. For example, those types of individual practitioner's services which qualify as family planning services are paid in accordance with #5 and #6 below. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.
5. **Physician Services** – Payment is made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. Rates were set as of April 1, 2010, and are effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.
6. **Services of Other Licensed Practitioners** – Payment for all types of other licensed practitioners is made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. Rates were set as of April 1, 2010, and are effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 11-009
Supersedes
TN No: 10-008

Approval Date 3/ 27/2012

Effective Date: 11/01/2011

**PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT
HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES**

7. **Home Health Care Services** – Payment rates for nursing and home health aide services are established in accordance with state statute at RSA 161:4, VI(a), RSA 161:4, VI(b), and RSA 126-A:18-a. The reimbursement methodology is detailed in the department's rules at He-W 553. A unit means a 15 minute unit. Skilled nursing services are reimbursed a flat rate per visit. Home health aide visits composed of fewer than 8 units of direct care time are reimbursed a flat rate per visit. Home health aide visits composed of eight or more units of direct care time are reimbursed a flat rate per unit of direct care time. The agency's rates were set on April 1, 2010 in accordance with DHHS rules at He-W 553, and are effective for services provided on or after that date. Physical, occupational, and speech therapy/audiology services are reimbursed a per unit rate set by the department pursuant to NH RSA 161:4, VI and in accordance with # 11 below. Medical supplies, equipment and appliances are reimbursed at rates set by the department pursuant to NH RSA 161:4, VI. Additionally, in accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. The fee schedule, which is applicable to all public and private providers of home health care services, can be accessed at www.nhmedicaid.com/Downloads/procedurecodes.html. For equipment which is prior authorized, the approved reimbursement amount, which is based upon the provider's acquisition and retail costs and other individualized circumstances of the request such as rental/trial periods, accessories, etc., is provided on the prior authorization approval notice which is sent to the provider. For those supplies, equipment and appliances which are not individually priced based on the above circumstances, rates were set on April 1, 2010 and are effective for services provided on or after that date.
8. **Private Duty Nursing Services** – Payment is made at a fee per hour in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. Rates were set as of October 1, 2008 and are effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.
9. **Clinic Services** – The individual practitioners who practice in the clinics are reimbursed according to the methodologies described in various entries in the state plan for the various types of practitioners providing the service. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.

**PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT
HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES**

10. **Dental Services** -- Payment is made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. Rates were set as of June 1, 2011, and are effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.

Effective June 1, 2011, interceptive orthodontia will be paid in one payment, inclusive of records. Also effective June 1, 2011, comprehensive orthodontia will be paid in three payments, inclusive of records: at banding, no sooner than 12 months after banding, and when evidence confirms that the case is completed. "Inclusive of records" means inclusive of the casts/models and various types of xrays such as panorex and cephalometric xrays that are required as part of the orthodontic consultation.

11. **Physical Therapy and Related Services (Occupational and Speech Therapy)** -- Payment for physical, occupational and speech therapy services is based upon a 15 minute unit of service, unless the CPT code is defined otherwise, and made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. Rates were set as of October 1, 2008, and are effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmedicaid.com/Downloads/procedurecodes.html and are applicable to all public and private providers.

TN No: 11-009
Supersedes
TN No: 11-002

Approval Date 3/27 /2012

Effective Date: 11/01/2011