

CHAPTER He-W 500 MEDICAL ASSISTANCE

PART He-W 531 PHYSICIAN SERVICES

**Amend He-W 531.01, effective 11-14-11 (Document #10018), as amended effective 7-1-14 (Document #10138), as amended effective 3-29-14 (Document #10561), by inserting new paragraphs (f) and (k) and renumbering subsequent paragraphs, so that He-W 531.01 (f) and (k) are cited and read as follows:**

He-W 531.01 Definitions.

(f) “Medical specialist” means a doctor who has completed advanced education and clinical training in a specific area of medicine such as cardiology, dermatology, or neurology.

(k) “Telemedicine” means a two-way real time interactive communication between a patient and the specialist, located at a distant site, through the use of interactive telecommunications equipment that includes at a minimum audio and video equipment in accordance with RSA 329:1-d.

**Amend He-W 531.05, effective 3-29-14 (Document #10561), by inserting new subparagraph (a)(15) and new paragraph (i), so that He-W 531.05(a) intro, (a)(15), and (i) are cited and read as follows:**

He-W 531.05 Covered Services.

(a) The following physician services, subject to the prior authorization requirements in He-W 531.07, as applicable, shall be covered services:

(15) Telehealth services rendered by a medical specialist for medicaid recipients in the fee-for service program only.

(i) Coverage for gender reassignment surgery shall be covered, subject to the prior authorization requirements in He-W 531.07 and in accordance with coverage criteria in Anthem Clinical UM guideline # CG-SURG-27, effective 2/11/2016, available as noted in Appendix A.

**Amend He-W 531.06, effective 3-29-14 (Document #10561), by deleting paragraph (g) and inserting paragraph (k), and renumbering subsequent paragraphs, to read as follows:**

He-W 531.06 Non-Covered Services.

~~(g) Sex change operations shall be non-covered.~~

(k) Telemedicine services which constitute primary care shall be non-covered.

**Amend He-W 531.07(a), effective 3-29-14 (Document #10561), by inserting new paragraph (a)(7), so that He-W 531.07(a) intro and (a)(7) are cited to read as follows:**

He-W 531.07 Prior Authorization.

(a) The following services and procedures, as described in He-W 531.05, shall require prior authorization from the department’s prior authorization agent:

(7) Gender reassignment surgeries.

### Appendix A

Rule	Title	Publisher; How to Obtain; and Cost
He-W 531.05(i)	Anthem Clinical UM Guideline	<p>Publisher: Anthem            Anthem Medical Policies and Clinical UM Guidelines,  <a href="http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/wi/f5/s1/t4/pw_ad080065.htm&amp;state=wi&amp;rootLevel=0&amp;label=Anthem%20Medical%20Policies">http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/wi/f5/s1/t4/pw_ad080065.htm&amp;state=wi&amp;rootLevel=0&amp;label=Anthem%20Medical%20Policies</a> (select the “Continue” button to confirm that the page has been read and proceed to the “Overview” page, then select the “Click Here to Search” button in the middle of this page to continue to the search engine, enter search criteria for the specific coverage policy, and then select the specific coverage policy);</p> <p>There is no cost to access the website or print the material contained therein.</p>

### Appendix B

RULE	STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS
He-W 531.01 (f) & (k)	42 USC 1396; <u>RSA 318:47-J; RSA 167:4-d; RSA 329:1-d</u>
He-W 531.05 (a)intro, (a)(15) & (i)	42 CFR 441.30; 42 CFR 441.35; <u>45 CFR 92.207(b)</u>
He-W 531.06 (g) [deleted] & (k)	42 CFR 440.230(d); <u>45 CFR 92.207(b)</u>
He-W 531.07 (a)intro & (a)(17)	42 CFR 440.230(d); <u>45 CFR 92.207(b)</u>