

New Hampshire Medicaid

Health Coverage for Children Under the Age of 19

NH Medicaid keeping New Hampshire children strong and healthy

What health and dental services are covered for children in NH Medicaid?

NH Medicaid provides comprehensive coverage of both medical and dental services. See the other side of this fact sheet for more information on services that are covered by NH Medicaid.

What is a prior authorization (PA) for services and when do I need it?

Some services require approval before they can be done. The other side of this fact sheet you will find information on which services require prior authorization.

What is a service limit?

Some services have yearly limits on how much or how many will be covered. If your child's provider finds that your child needs more than the service limit allows, the provider can ask for and may be approved to provide those services.

Please remember:

- Always show your child's Medicaid card and any other insurance card to each provider at the beginning of each visit.
- If you have other insurance for your child, follow the rules for that insurance (for example, use in-network providers). Your other insurance must be billed for a service before Medicaid will pay. NH Medicaid cannot pay if the rules of your other insurance are not followed.
- Inform your Family Services Specialist of any changes such as to your name, address, telephone number, income, or changes in other insurance coverage.
- Keep all scheduled appointments and be on time. If you cannot make it, call the provider's office right away.

You may be responsible for payment for a service received when:

- A service is given by a provider who was not accepting new Medicaid clients or not enrolled in NH Medicaid. This could apply to a visit to a provider out-of-state.
- The service limit was reached and no prior authorization was requested or given for additional services.
- You have other insurance for your child and the other insurance would have paid for the service if the rules of that insurance were followed.
- A service is not covered by NH Medicaid.

Some services not covered by NH Medicaid include:

- Cosmetic surgery or procedures
- Experimental and investigational procedures or drugs
- Visual or auditory training
- Dietary services
- Academic performance testing not related to a medical condition
- Respite services
- Child care

Whom do I call if I have questions about services or eligibility?

For questions about your services or for help finding a medical or dental provider, contact:

Medicaid Client Services

1-800-852-3345 extension 4344 (in state only)

Or 603-271-4344 (out of state)

For questions about your child's eligibility for Medicaid contact:

The Children's Medicaid Unit

1-877-464-2447

(NH Relay) 7-1-1



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Type of Service	Service Limits*	PA**	Additional Information
Medical Services			
Primary care & specialists			Including well child visits, physicals, and immunizations
Inpatient hospitalization			
Emergency room	4 visits per year		Urgent care visit do not count towards the emergency room limit
Out-of-state inpatient hospitalization		X	
Physical, occupational, & speech therapy	80 units per year		One unit equals 15 minutes for one type or in combination
Community mental health services			Community mental health centers apply limits
Psychotherapy	24 visits per year	X	A therapist may request additional visit if needed
Organ transplant		X	PA required even in emergency situations except no prior authorization is required for a kidney transplant
Lab test and screenings			
Home health services			Includes home visit by a licensed nurse and care by a licensed nursing assistance as needed
Hearing aids			
Dental Services			
Regular check-ups and cleanings	Every 150 days		
Fluoride treatments	Every 150 days		Service coverage until 15 years of age
Sealants	Every 5 years		Service coverage on permanent molars until 17 years of age
Fillings or root canals			
Extractions		X	Some extractions may require a PA
Orthodontia		X	Limited to severe cases of misalignment
Vision Care			
Eye exam	1 exam per year		
Glasses	1 pair		Glasses are covered when certain prescription requirements are met and only for approved frames and lenses
Repair or replacement	1 repair per year		Coverage depends on the severity of the change in vision.
Transportation Services			
Ambulance services			In an emergency, coverage is to and from the nearest appropriate hospital. Transportation to and from a medical provider is covered when it is certified as medically necessary by a doctor.
Public or private transportation			Transportation to and from a covered service may be reimbursed if you are enrolled in the transportation program.
Wheelchair van	24 rides per year		
Other Services			
Durable medical equipment including prosthetics and communications devices		X	
Prescription drugs			Some prescriptions may require a PA. Some maintenance drugs may have a quantity limit. Visit http://www.dhhs.nh.gov/ombp/pharmacy/ for more details on pharmacy coverage

*Please note: Service limits apply within a State Fiscal Year. A State Fiscal Year begins on July 1st and ends June 30th of the following year.

** PA stands for prior authorization. See the other side of this fact sheet for information on what is a PA and when you need it.