

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 under NH Medicaid?

NH Medicaid provides comprehensive coverage of both medical and dental services. The other side of this fact sheet lists some of the common services that are covered by NH Medicaid.

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

Your child's provider will need to get approval from the Department before some services can be done. The list on the other side of this sheet shows which of the services require PA.

What is a "service limit?"

Some services have 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 the Department for and may be approved to provide those services. Service Limits, if any, are noted for those services listed on the other side of this sheet.

Please remember:

- Always show your child's Medicaid card and any other insurance card when you check in at the beginning of each visit.
- If you have other insurance for your child, follow the rules for the insurance (for example, using 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 of a service when:

- Your child received services from a provider who is not accepting Medicaid clients or is not enrolled as a NH Medicaid provider. This could apply to out of state providers.
- A PA was not obtained or additional services above the service limit were not approved.
- Your child's other insurance will not pay for the service because you did not follow the rules for that insurance.
- The 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, including weight loss and exercise programs
- Academic performance testing not related to a medical condition
- Child care, respite and homemaker services

Who do you call if you 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 contact:

The Children's Medicaid Unit
1-877-464-2447

(NH Relay) 7-1-1



Form 77-LK
11-12

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Common Services Covered by NH Medicaid

| 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 visits do not count towards the emergency room limit |
| Out-of-state inpatient hospitalization | | X | PA not required for emergencies |
| 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, screenings, & x-rays | | X | Some x-rays require a PA |
| 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 (including wisdom teeth) |
| 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 | | Replacements 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 (DME) | | X | DME includes prosthetics, wheelchairs and communication devices. |
| Prescription drugs | | X | Some prescriptions require a PA and/or 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.*