To: All NH Medicaid Providers
From: NH Division of Medicaid Services
Date: May 2022
Subject: Update to the published Medicaid to Schools Billing Companion Guide

These are the responses to questions submitted to JSI received in April 2022 and the Department’s responses to these questions, both policy and billing related.

**Group Size and Billing Requirements**

*Question:* The new billing manual limits group sizes to 5 students. Where is the documentation or policy guidance that caps a group size coming from? My other question is about the limit of 5 students in a group. I consistently have a speech group of either 6 or 8 students. Are we not allowed to bill for those at all? I have been appropriately prorating the cost for the number of students treated.

*Response:* At this time, there is no limit on group size. However, as with any billable service, the service must meet the medical needs of each member of the group. This is an area that we would like to further develop through rule changes. Please provide feedback through JSI regarding clinically appropriate group size.

**Max Units on Procedure Codes**

*Question:* How are max units determined and who keeps track? Will there be a MMIS edit or do billers have to keep track?

*Response:* CMS publishes limits per procedure code, which they call medically unlikely events (MUE). These limits are set up in MMIS as an edit such that billers do not need to keep track. If a claim denies because it is over the service limit, the entire claim will deny. Schools will need to correct the claim with the appropriate number of unit and rebill.

**Procedure Codes**

*Question:* Can schools get a 15-minute procedure code for psychotherapy?

*Response:* There is no psychotherapy code that is designated in 15-minute increments. Medicaid is limited to codes already established by the CMS Correct Coding Initiative. DHHS does not have the authority to change NCCI requirements.