

Commitment to Communication

From your Provider Relations Team



nh healthy families™

2 Executive Park Drive
Bedford, NH 03110

Clinical Policies Effective October 1, 2019

August 1, 2019

The following new policies will be applied as medical claims reimbursement edits with our claims adjudication system. This is an addition to all other reimbursement processes that NH Healthy Families currently employs.

The effective date for the below policies is **October 1, 2019**

Policy Number	Policy Name	Description	Line of Business (LOB)
CP.MP.176	Outpatient Cardiac Rehabilitation	This policy describes medical necessity guidelines for conventional and intensive outpatient cardiac rehabilitation programs.	Medicaid, Ambetter
CP.MP.175	Fixed Wing Air Transportation	This policy describes medical necessity criteria for fixed wing air ambulance transportation.	Medicaid, Ambetter
CP.MP.174	Selective Dorsal Rhizotomy for Spasticity in Cerebral Palsy	This policy describes the medical necessity guidelines for selective dorsal rhizotomy for children with spastic cerebral palsy.	Medicaid, Ambetter
CP.MP.173	Implantable Intrathecal Pain Pump	This policy describes medical necessity criteria for an implantable intrathecal pain pump.	Medicaid, Ambetter

These policies are developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association's Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society guidance.

Visit NHhealthyfamilies.com to find NH Healthy Families Payment and Clinical Policies. Policies can be found on the Provider Resources page under Manuals, Forms & Resources.

Please contact Provider Services at **1-866-769-3085** with any questions.

Sincerely,
NH Healthy Families

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