PARTNERSHIP IN PRACTICE

nh healthy families

Clinical Polices

Effective December 13, 2026

November 13, 2026

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

Policy Number	Policy Name	Description	Line of Business (LOB)
NH.CP.MP.03	Enteral and Oral Nutrition	This clinical policy defines the medical necessity criteria and required documentation for nutritional products, enteral feeding supplies, and associated equipment for members whose nutritional needs cannot be adequately met through a normal diet alone.	Medicaid
NH.CP.MP.604	Adult Medical Day Care Services	This clinical policy defines the medical necessity and documentation requirements for Adult Medical Day Care services provided through a New Hampshire licensed Adult Day Program	Medicaid

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