

New Hampshire



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, IMLC, NLC, OT, PSY, PTC
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: No
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: No

STATE RESOURCES

1. Medicaid Program: New Hampshire Medicaid
2. Administrator: Dept. of Health and Human Services
3. Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 03/29/2024

“Telemedicine,” as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of facsimile.

SOURCE: NH Revised Statutes Annotated, 415-J:2, (Accessed Mar. 2024).

REQUIREMENTS

Last updated 03/29/2024

An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

For the purposes of this chapter, covered services include remote patient monitoring and store and forward.

An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service. There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all

members for all medically necessary services.

The following medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to:

- Physicians and physician assistants, under RSA 329 and RSA 328-D;
- Advanced practice nurses, under RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;
- Midwives, under RSA 326-D;
- Psychologists, under RSA 329-B;
- Allied health professionals, under RSA 328-F;
- Dentists, under RSA 317-A;
- Mental health practitioners governed by RSA 330-A;
- Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;
- Alcohol and other drug use professionals, governed by RSA 330-C;
- Dietitians, governed by RSA 326-H; and
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board as required by RSA 417-E:2.

Nothing in this section shall be construed to prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.

SOURCE: NH Revised Statutes Annotated, 415-J:3, (Accessed Mar. 2024).

PARITY

Last updated 03/29/2024

SERVICE PARITY

For the purposes of this chapter, covered services include remote patient monitoring and store and forward.

An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be

covered if it were provided through in-person consultation between the covered person and a health care provider.

An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.

If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

An insurer shall not impose on coverage for health care services provided through telemedicine any additional benefit plan limitations to include annual or lifetime dollar maximums on coverage, deductibles, copayments, coinsurance, benefit limitation or maximum benefits that are not equally imposed upon similar services provided in-person.

SOURCE: NH Revised Statutes Annotated, 415-J:3, (Accessed Mar. 2024).

PAYMENT PARITY

An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.

An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable.

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person.

Nothing in this section shall be construed to prohibit an insurer from paying reasonable compensation to a provider at a distant site in addition to a fee paid to the health care provider.

Nothing in this section shall be construed to allow an insurer to reimburse more for a health care service provided through telemedicine than would have been reimbursed if the health care service was provided in person.

SOURCE: NH Revised Statutes Annotated, 415-J:3, (Accessed Mar. 2024).

Medicaid

OVERVIEW

Last updated 03/29/2024

New Hampshire Medicaid follows the Center for Medicare and Medicaid Services requirements and Federal regulations for the use of telehealth and telemedicine. Reimbursement is available for live video under some circumstances. New Hampshire statute has a definition for store-and-forward and remote patient monitoring, and regulations that indicate its reimbursed as long as funding and resources are available in the fiscal year. New Medicaid regulations stipulate that providers are permitted to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

DEFINITIONS

Last updated 03/28/2024

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). The use of the term “telemedicine” shall comply with the Centers for Medicare and Medicaid Services requirements governing the aforementioned telehealth services.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

“Teledentistry” means the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video, or data communications by a dental provider subject to RSA 317-A:21-e to a NH Medicaid enrolled dentist at a distant site for triage, dental treatment planning, and referral.

“Telehealth” means a two-way, real-time interactive communication between a patient and a physician or medical provider at a distant site through telecommunications equipment including video, audio, and audio-only equipment.

Source: NH Admin Rules, HE-C 5004.1, (Accessed Mar. 2024).

Telehealth is the use of telecommunications technologies for remote delivery of medical services. Telehealth is used to facilitate live contact directly between an individual/individual’s family and a provider.

SOURCE: NH Department of Health and Human Services, Medicaid to Schools Program Medicaid to Schools Technical Assistance Guide pg. 91, (May 3, 2022), (Accessed Mar. 2024).

LIVE VIDEO

Last updated 03/29/2024

POLICY

The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person.

The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for health care services provided in person.

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

Nothing in this section shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage. Services delivered through telehealth under this section shall comply with all applicable state and federal law or regulation as allowed by the Medicaid program. Any conflict with the provisions of this section and federal law or regulation shall preempt and supersede any provision of this section.

IV. This section shall be conditioned upon review and approval of a state plan

amendment submitted by the department to the Centers for Medicare and Medicaid Services, as deemed necessary.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

All recipients shall be eligible for telehealth services when:

- Telehealth, including teledentistry, is determined medically necessary pursuant to He-W 530.01(e); and
- The recipient has consented to using telehealth, including teledentistry, as a method of receiving services.

Payment for Services

- Payment to medical providers, described in He-C 5004.03 above, shall be made in accordance with rates established by the department in accordance with RSA 161:4, VI(a).
- Services delivered via telehealth shall be reimbursed pursuant to RSA 167:4-d III(b) and (c).
- Medical providers shall use appropriate CPT procedure codes and modifiers when billing.
- Dental providers shall use CDT procedure codes when billing.
- All claims for payment shall be submitted to the department's fiscal agent.
- All providers shall maintain supporting records in accordance with He-W 520.
- All providers shall be responsible for determining that the recipient is Title XIX eligible on the date of service.
- Payment for store and forward and remote patient monitoring shall only be available as funding and resources within the current state fiscal year are available.

Source: NH Admin Rules, HE-C 5004.02, and .13 (Accessed Mar. 2024).

An individual providing services by means of telemedicine or telehealth directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate; and
- Provide meaningful language access if the individual is practicing in a facility that is required to ensure meaningful language access to limited-English proficient speakers pursuant to 45 C.F.R. section 92.101 or RSA 354-A, or to deaf or hard of hearing individuals pursuant to 45 C.F.R. section 92.102, RSA 521-A, or RSA 354-A.

Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

SOURCE: NH Revised Statute 310-A:1-g, (Accessed Mar. 2024).

Medicaid covers services delivered via telehealth, as well as remote patient monitoring and store and forward services.

SOURCE: NH Medicaid, General Billing Manual, Oct. 2023, (Accessed Mar. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Coverage under this section shall include the use of telehealth or telemedicine for Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care:

- Which is an appropriate application of telehealth services provided by physicians and other health care providers, as determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also including persons providing psychotherapeutic services as provided in He-M 426.08 and 426.09;
- By which telemedicine services for primary care and remote patient monitoring shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service. A provider shall not be required to establish care via face-to-face in-person service when:
 - The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
 - The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
 - The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
 - The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
 - The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and

By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. See eligible provider section for list of eligible providers.

Nothing in this section shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage. Services delivered through telehealth under this section shall comply with all applicable state and federal law or regulation as allowed by the Medicaid program. Any conflict with the provisions of this section and federal law or regulation shall preempt and supersede any provision of this section.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

Telehealth services shall be subject to the same service limits set forth in He-W 530.03.

Teledentistry services shall be subject to the same service limits set forth in He-W 566.04.

Telehealth services, provided through a medicaid managed care organization (MCO), as defined in He-W 506.03(h) shall be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to recipients under fee-for-service as defined in He-W 506.03(f).

Installation to provide telehealth services or maintenance of telehealth hardware, software, or other equipment shall not be covered by Medicaid.

Source: NH Admin Rules, HE-C 5004.04 and 05, 09 (Accessed Mar. 2024).

Medicaid to Schools Program

Medical services delivered via telehealth including those services in a school setting are reimbursable pursuant to RSA 167:4-D. Claims should be submitted with the appropriate procedure code and TM modifier along with modifier GT and place of service (02 for telehealth).

SOURCE: NH Medicaid to Schools Billing Guidelines and Billable Procedure Codes Companion to the Technical Assistance Guide, pg. 2 (Mar. 1, 2022), (Accessed Mar. 2024).

Any direct service that would have previously been rendered and Medicaid covered as face-to-face may now be rendered via telehealth. This includes both medical services as well as behavioral health services. Follow up with students on home activities that normally would have been done face-to-face would be considered direct services. Work that Rehabilitation Assistants are doing remotely in support of students such as sensory exercises, teaching communication skills or other such medically related activities in support of the student's plan of care would be billable. Notification to NH Medicaid to

transition an individual from face-to-face direct treatment to telehealth visits is not required.

NH Medicaid pays the same rate as if the service was provided face-to-face. Billing for the service delivered should identify the CPT codes typically used for in-person visits with the addition of the GT modifier and place of service 02 (telehealth) to the claim form. The use of the GT modifier and the 02 place of service are for all Medicaid to Schools covered procedure codes both medical and behavioral health. Medicaid is not adopting a different set of procedure codes specific to telehealth.

SOURCE: NH Department of Health and Human Services, Medicaid to Schools Program Medicaid to Schools Technical Assistance Guide pgs. 91 & 92, (May 2, 2022), (Accessed Mar. 2024).

The following new modifiers listed below have been added to MMIS:

- FQ – the service was furnished using audio-only communication technology
- FR – the supervising practitioner was present through two-way, audio/video communication technology
- FS – split (or shared) Evaluation and Management service
- FT- unrelated Evaluation and Management (E/M) visit during a postoperative period, or on the same day as a procedure or another E/M visit

These modifiers are effective 4/1/2022 and are informational only.

SOURCE: NH Medicaid Provider Bulletin, New Modifiers and Telehealth POS (Mar. 25, 2022), (Accessed Mar. 2024).

ELIGIBLE PROVIDERS

“Distant site” means the location of the health care provider delivering services through telemedicine at the time the services are provided.

Pursuant to RSA 167:4-d(f), medical providers shall include, but are not limited to the following:

- Physicians and physician assistants, governed by RSA 329 and RSA 328-D;
- Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;
- Midwives, governed by RSA 326-D;
- Psychologists, governed by RSA 329-B;

- Allied health professionals, governed by RSA 328-F;
- Dentists, governed by RSA 317-A;
- Mental health practitioners governed by RSA 330-A;
- Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;
- Alcohol and other drug use professionals, governed by RSA 330-C;
- Dietitians, governed by RSA 326-H; and
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board.

Each participating medical provider shall:

- Be licensed to practice by the state of New Hampshire;
- Be a NH enrolled Title XIX provider;
- Request and obtain prior authorization in accordance with He-W 531.07 and dental request per He-W 566.07;
- Assure the same rights to confidentiality and security as provided in face-to-face services; and
- Ensure the patient's informed consent to the use of telehealth and advise members of any relevant privacy considerations.

Medical providers shall adhere to the same standards of clinical practice and record keeping that apply to other covered services.

Source: NH Admin Rules, HE-C 5004.03, (Accessed Mar. 2024).

“Distant site ” means the location of the health care provider delivering services through telemedicine at the time the services are provided.

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This sections limits providers that can be reimbursed for telehealth to the following:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Nurse-midwife

- Clinical psychologist and clinical social worker (may not seek payment for medical evaluation and management services)
- Registered dietician or nutrition professional
- Certified registered nurse anesthetist

Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following:

- Physicians and physician assistants, governed by RSA 329 and RSA 328-D;
- Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;
- Midwives, governed by RSA 326-D;
- Psychologists, governed by RSA 329-B;
- Allied health professionals, governed by RSA 328-F;
- Dentists, governed by RSA 317-A;
- Mental health practitioners governed by RSA 330-A;
- Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;
- Alcohol and other drug use professionals, governed by RSA 330-C;
- Dietitians, governed by RSA 326-H; and
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board

SOURCE: NH Revised Statutes 167:4-d, (Accessed Mar. 2024).

Medicaid to Schools Program

All services provided via telehealth must be within the provider's professional scope of practice and He-W 589.04. The following provider types are eligible to provide telehealth services:

- Occupational Therapists (OTs)
- Physical Therapists (PTs)
- Speech and Language Pathologists (SLPs)
- Rehabilitation Assistants

- Psychologists
- Board Certified Behavior Analysts (BCBAs)
- School Physicians
- Psychiatrists
- Advanced Registered Nurse Practitioners (APRNs) and Registered Nurses (RNs)
- Licensed alcohol and drug counselors (LADC) and master licensed alcohol and drug counselors (MLADC) per He-W 513
- Psychotherapists and Mental Health Practitioners

SOURCE: NH Department of Health and Human Services, Medicaid to Schools Program Medicaid to Schools Technical Assistance Guide pg. 91, (May 3, 2022), (Accessed Mar. 2024).

ELIGIBLE SITES

“Originating site” means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telehealth, including, but not limited to, a health care provider’s office, a hospital, or a health care facility, or the patient’s home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient’s workplace.

Source: NH Admin Rules, HE-C 5004.1, (Accessed Mar. 2024).

There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

SOURCE: NH Revised Statutes Annotated, 167:4-d, (Accessed Mar. 2024).

“Originating site ” means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider’s office, a hospital, or a health care facility, or the patient’s home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient’s workplace.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

Effective as of 4/1/2022 place of service 10, telehealth provided in a patient’s home has been added to MMIS.

SOURCE: NH Medicaid Provider Bulletin, New Modifiers and Telehealth POS (Mar. 25, 2022), (Accessed Mar. 2024).

Medicaid to Schools Program

Medical services delivered via telehealth including those services in a school setting are reimbursable pursuant to RSA 167:4-D. Claims should be submitted with the appropriate procedure code and TM modifier along with modifier GT and place of service (02 for telehealth).

SOURCE: NH Medicaid to Schools Billing Guidelines and Billable Procedure Codes Companion to the Technical Assistance Guide, pg. 2 (Mar. 1, 2022), (Accessed Mar. 2024).

Telehealth: Medical services delivered via telehealth including those services in a school setting are reimbursable pursuant to RSA 167:4-D. Claims should be submitted with the appropriate procedure code and TM modifier along with modifier GT and place of service 02 for telehealth.

SOURCE: NH Medicaid: Medicaid to Schools Provider Manual, Aug. 2023, (Accessed Mar. 2024).

GEOGRAPHIC LIMITS

New Hampshire Medicaid does not follow 42 CFR 410.78(b)(4), listing geographic and site restrictions on originating sites.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

FACILITY/TRANSMISSION FEE

No reference found.

STORE-AND-FORWARD

Last updated 03/29/2024

POLICY

“Store and forward,” means “store and forward” as defined in RSA 167:4-d, II(f) namely, “as it pertains to telemedicine and as an exception to 42 C.F.R. section 410.78, means the use of asynchronous electronic communications between a patient at an originating

site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance”.

Medical providers described in He-C 5004.03(a) above, shall be permitted to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

Payment for store and forward and remote patient monitoring shall only be available as funding and resources within the current state fiscal year are available.

Source: NH Admin Rules, HE-C 5004.01, 03, & .13 (Accessed Mar. 2024).

New Hampshire statute addressing Medicaid has a definition for store-and-forward as it pertains to telemedicine and as an exception to 42 CFR 410.78.

Store-and-forward means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

Medicaid covers services delivered via telehealth, as well as remote patient monitoring and store and forward services.

SOURCE: NH Medicaid, General Billing Manual, Oct. 2023, (Accessed Mar. 2024).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 03/29/2024

POLICY

“Remote patient monitoring (RPM)” means “remote patient monitoring” as defined in RSA 167:4-d, II(e) namely “the use of electronic technology to remotely monitor a patient’s health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers”.

Payment for store and forward and remote patient monitoring shall only be available as funding and resources within the current state fiscal year are available.

Source: NH Admin Rules, HE-C 5004.01, .13 (Accessed Mar. 2024).

“Remote patient monitoring” means the use of electronic technology to remotely monitor a patient’s health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers.

Coverage under this section shall include the use of telehealth or telemedicine for Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care:

(1) Which is an appropriate application of telehealth services provided by physicians and other health care providers, as determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also including persons providing psychotherapeutic services as provided in He-M 426.08 and 426.09;

(2) By which telemedicine services for primary care and remote patient monitoring shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service. A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and

(3) By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

Medicaid covers services delivered via telehealth, as well as remote patient monitoring and store and forward services.

SOURCE: NH Medicaid, General Billing Manual, Oct. 2023, (Accessed Mar. 2024).

CONDITIONS

The following considerations shall apply to RPM, as defined in He-C 5004.01(i) above, medical conditions that may be treated or monitored by means of RPM include but are not limited to:

- Congestive heart failure;

- Diabetes;
- Chronic obstructive pulmonary disease;
- Wound care;
- Polypharmacy, mental or behavioral conditions, and technology dependent care such as the use of continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding;
- Hypertension;
- Pneumonia; or
- Patients at high risk of hospitalization.

Source: NH Admin Rules, HE-C 5004.05, (Accessed Mar. 2024).

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

Medical devices supplied to patients as part of RPM services shall comply with section 201 of the Federal Food, Drug and Cosmetic Act (FDA) which requires the wirelessly synced device to be reliable and to transmit data electronically for interpretation and recommendations automatically rather than the patient having to self-report to providers.

Telehealth for developmental disabilities and acquired brain disorder home and community based care waiver services shall be provided in accordance with the Centers for Medicare and Medicaid's "Appendix K: Emergency Preparedness and Response for Home and Community Based (HCBS) 1915(c) Waivers" (effective March 2020 through 6 months after the end of the federal public health emergency), as available in Appendix A.

Telehealth for choices for independence home and community based waiver services shall be provided in accordance with the Centers for Medicare and Medicaid's "Appendix K: Emergency Preparedness and Response for Home and Community Based (HCBS) 1915(c) Waivers" (effective March 2020 through 6 months after the end of the federal public health emergency), as available in Appendix A.

Telehealth for in home supports home and community based waiver services shall be provided in accordance with the Centers for Medicare and Medicaid’s “Appendix K: Emergency Preparedness and Response for Home and Community Based (HCBS) 1915(c) Waivers” (effective March 2020 through 6 months after the end of the federal public health emergency), as available in Appendix A.

Source: NH Admin Rules, HE-C 5004.05, (Accessed Mar. 2024).

EMAIL, PHONE & FAX

Last updated 03/29/2024

Medical providers described in He-C 5004.03(a) above, shall be permitted to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

Source: NH Admin Rules, HE-C 5004.03, (Accessed Mar. 2024).

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4).

SOURCE: NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78. (Accessed Mar. 2024).

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. Eligible medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

SOURCE: NH Revised Statutes Annotated, 167:4-d, (Accessed Mar. 2024).

Effective as of 4/1/2022, FQ modifier identifying the service was furnished using audio-only communication technology has been added to MMIS.

SOURCE: NH Medicaid Provider Bulletin, New Modifiers and Telehealth POS (Mar. 25, 2022), (Accessed Mar. 2024).

CONSENT REQUIREMENTS

Last updated 03/29/2024

With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient’s medication assisted treatment to the doorway, as defined in RSA 167:4-d, II(c), within the region where the patient resides.

SOURCE: NH Revised Statutes Annotated, 167:4-d, (Accessed Mar. 2024).

The recipient has consented to using telehealth, including teledentistry, as a method of receiving services.

Each participating medical provider shall: ... Ensure the patient's informed consent to the use of telehealth and advise members of any relevant privacy considerations.

The provider shall present the patient with basic information about the services that the patient will be receiving via telehealth.

The patient shall provide his or her consent to participate in services utilizing this technology.

Telehealth sessions shall not be recorded without the patient's consent.

Culturally competent translation or interpretation services shall be provided when the patient and the distant provider do not speak the same language.

Documentation in the patient's medical record shall reflect that the patient was informed of the patient's rights policies which include the following:

- The right to refuse to participate in services delivered via telehealth;
- The role of the provider at the distant site and the professional staff at the originating site who shall be responsible for follow up or ongoing care;
- The city and state of the distant site provider and all questions regarding the equipment and the technologies are addressed;
- The right to be referred to in-person emergency care when clinically appropriate;
- The right to be informed of all the parties who shall be present at each end of the telehealth transmission; and
- The right to know how an emergency would be handled by the provider during a telehealth visit.

Source: NH Admin Rules, HE-C 5004.02, 07, (Accessed Mar. 2024).

OUT OF STATE PROVIDERS

Last updated 03/29/2024

No Reference Found

MISCELLANEOUS

Last updated 03/29/2024

An individual providing services by means of telemedicine or telehealth directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.
- Provide meaningful language access if the individual is practicing in a facility that is required to ensure meaningful language access to limited-English proficient speakers pursuant to 45 C.F.R. section 92.101 or RSA 354-A, or to deaf or hard of hearing individuals pursuant to 45 C.F.R. section 92.102, RSA 521-A, or RSA 354-A.

Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

SOURCE: NH Revised Statute 310:7, (Accessed Mar. 2024).

See regulations for confidentiality and patient rights requirements.

Source: NH Admin Rules, HE-C 5004.06 and 07, (Accessed Mar. 2024).

Professional Requirements

DEFINITIONS

Last updated 03/29/2024

Telemedicine means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment [including the use of synchronous or asynchronous interactions as defined in RSA 310:7].

SOURCE: NH Revised Statutes 330-A:15-b, NH Revised Statutes 327:1, NH Revised Statutes 326-B:2, NH Revised Statutes 326-D:12-a, NH Revised Statutes Annotated, 317-A:7-B, NH Revised Statutes 330-C:14-a, NH Revised Statutes 315:6a, NH Revised Statutes 316-A:15-a, (Accessed Mar. 2024).

Telepsychology, telehealth, and telemedicine services, as provided by psychologists, include those psychology services that utilize electronic means, including audio, video, or other electronic media, to engage in visual or virtual presence in contemporaneous time.

SOURCE: NH Revised Statutes 329-B:16. (Accessed Mar. 2024).

“Telemedicine” means the use of audio, video, or other electronic media and technologies by a physician in one location to a patient in a different location for the purpose of diagnosis, consultation, or treatment, including the use of synchronous or asynchronous interactions as defined in RSA 310.

SOURCE: NH Revised Statutes Annotated, 329:1-d-I; (Accessed Mar. 2024).

CONSENT REQUIREMENTS

Last updated 03/22/2024

A physician providing services by means of telemedicine directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient’s consent, forward the medical record to the patient’s primary care or treating provider, if appropriate

SOURCE: NH Revised Statutes Annotated, 329:1-d-V (Accessed Mar. 2024).

ONLINE PRESCRIBING

Last updated 12/19/2023

“Physician-patient relationship” means a medical connection between a licensed physician and a patient that includes an in-person exam or an exam using telemedicine, as defined in RSA 310, provided the physician:

- verifies the identity of the patient receiving health care services through telemedicine;
- discloses to the patient the physician’s name, contact information, and the type of health occupation license held by the physician;
- obtains oral or written consent from the patient or from the patient’s parent or guardian, if state law requires the consent of a parent or guardian for use of telemedicine services; and
- meets the standard of care.

A physician shall complete or review a history, a diagnosis, a treatment plan appropriate for the licensee’s medical specialty, and documentation of all prescription drugs including name and dosage. A licensee may prescribe for a patient whom the licensee does not have a physician-patient relationship under the following circumstances: writing admission orders for a newly hospitalized patient; for a patient of another licensee for whom the prescriber is taking call; for a patient examined by a physician

assistant, nurse practitioner, or other licensed practitioner; or for medication on a short-term basis for a new patient prior to the patient's first appointment or when providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics. Prescribing drugs to individuals without a physician-patient relationship shall be unprofessional conduct subject to discipline under RSA 329:17, VI. The definition of a physician-patient relationship shall not apply to a physician licensed in another state who is consulting to a New Hampshire licensed physician with whom the patient has a relationship.

SOURCE: NH Revised Statutes Annotated, Sec. 329:1-c. (Accessed Mar. 2024).

A physician licensed under this chapter may prescribe non-opioid and opioid controlled drugs classified in schedule II through IV by means of telemedicine after establishing a physician-patient relationship with the patient. When prescribing a non-opioid or opioid controlled drug classified in schedule II through IV by means of telemedicine a subsequent in-person exam shall be conducted by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually. The prescription authority under this paragraph shall be limited to a physician licensed under this chapter, or a physician assistant in accordance with RSA 328-D:3-b, and all prescribing shall be in compliance with all federal and state laws and regulations.

A physician providing services by means of telemedicine directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

A physician issuing a prescription for spectacle lenses, as defined in RSA 327-A:1, III, or a prescription for contact lenses, as defined in RSA 327-A:1, IV, by means of telemedicine directly to a patient shall:

- Obtain an updated medical history at the time of prescribing;
- Make a diagnosis at the time of prescribing;
- Conform to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition;
- Not determine an ophthalmic prescription solely by use of an online questionnaire; and

- Upon request, provide patient records in a timely manner in accordance with the provisions of RSA 332-I and all other state and federal laws and regulations.

Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

SOURCE: NH Revised Statutes Annotated, 329:1-d, (Accessed Mar. 2024).

An APRN licensed under this chapter may prescribe non-opioid and opioid controlled drugs classified in schedule II through IV by means of telemedicine after establishing an advanced practice registered nurse-patient relationship with the patient. When prescribing a non-opioid or opioid controlled drug classified in schedule II through IV by means of telemedicine a subsequent in-person exam shall be conducted by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually. The prescription authority under this paragraph shall be limited to an APRN licensed under this chapter, and all prescribing shall be in compliance with all federal and state laws and regulations.

SOURCE: NH Revised Statutes Annotated, 326-B:2 (Accessed Mar. 2024).

The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

Subsequent in-person exams must be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required.

SOURCE: NH Revised Statutes Annotated 318-B:2(XVI). (Accessed Mar. 2024).

A physician providing services by means of telemedicine directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and

- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

A physician issuing a prescription for spectacle lenses, as defined in RSA 327-A:1, III, or a prescription for contact lenses, as defined in RSA 327-A:1, IV, by means of telemedicine directly to a patient shall:

- Obtain an updated medical history at the time of prescribing;
- Make a diagnosis at the time of prescribing;
- Conform to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition;
- Not determine an ophthalmic prescription solely by use of an online questionnaire; and
- Upon request, provide patient records in a timely manner in accordance with the provisions of RSA 332-I and all other state and federal laws and regulations.

SOURCE: NH Revised Statutes Annotated, 329:1-d (Accessed Mar. 2024).

CROSS-STATE LICENSING

Last updated 03/29/2024

An out-of-state physician providing services by means of telemedicine shall be deemed to be in the practice of medicine and shall be required to be licensed under this chapter. This paragraph shall not apply to out-of-state physicians who provide consultation services pursuant to RSA 329:21, II.

SOURCE: NH Revised Statutes Annotated, 329:1-d-II, (Accessed Mar. 2024).

Any out-of-state physician providing radiological services who performs radiological diagnostic evaluations or interpretations for New Hampshire patients by means of teleradiology shall be deemed to be in the practice of medicine and shall be required to be licensed under this chapter.

SOURCE: NH Revised Statutes Annotated, 329:1-b (Accessed Mar. 2024).

Licensing requirements do not apply...

- To legally qualified physicians in other states or countries when called in consultation by an individual licensed to practice in the state who bears the responsibility for the patient's diagnosis and treatment. However, regular or frequent consultation by such an unlicensed person, as determined by the licensing board, shall constitute the practice of medicine without a license.

- To any physician residing on the border of a neighboring state and duly authorized under the laws thereof to practice medicine therein, whose practice extends into this state, and who does not open an office or appoint a place to meet patients or to receive calls within this state; or
- To regular or family physicians of persons not residents of this state, when called to attend them during a temporary stay in this state, provided such family physicians are legally registered in some state; or
- To podiatry; or
- To simple treatments such as massage or baths; or
- To nurses in their legitimate occupations; or
- To cases of emergency; or
- To the administration of ordinary household remedies; or
- To the advertising or sale of patent medicines; or
- To those who endeavor to prevent or cure disease or suffering by spiritual means or prayer; or
- No physician assistants or other paramedical personnel shall engage in the practice of optometry as defined in RSA 327:1 or perform any service rendered by an optician.
- To such emergency medical services personnel as are approved and licensed by the commissioner of the department of safety under RSA 153-A.
- Midwives certified pursuant to RSA 326-D and practicing midwifery pursuant to RSA 326-D:2, V.

SOURCE: NH Revised Statutes Annotated, 329:21, (Accessed Mar. 2024).

Creates a commission on primary care workforce issues. The commission will collect and review data and information that informs decisions and planning for the primary care workforce and looking for innovative ways for expanding New Hampshire's primary care resources including, but not limited to, interstate collaboration and the use of telehealth.

Note: Section effective through Nov. 1, 2024

SOURCE: NH Revised Statutes Annotated, Title X Chapter 126-T:3, (Accessed Mar. 2024).

Telepsychology, telehealth, and telemedicine services, as provided by psychologists, include those psychology services that utilize electronic means, including audio, video, or other electronic media, to engage in visual or virtual presence in contemporaneous time. A New Hampshire tele-pass license shall be required for provision of such care to people in New Hampshire. Contacts that are exempt from this requirement are:

- Persons exempted by 329-B:28.
- Screenings for inclusion in voluntary research projects that have been properly approved by a New Hampshire based institutional review board.
- Psychologists licensed by the board, who may provide tele-psychology services to a person within the state of New Hampshire without acquiring a tele-pass psychology license.
- Persons exempted by RSA 329-D.

The tele-pass psychology licensee shall agree to conditions including, but not limited to, conditions stipulated by the board that the licensee shall:

- Conform to all New Hampshire statutes and rules.
- Agree that electronic attendance for appearances shall be deemed adequate for regulatory enforcement purposes and that in-person appearances by the licensee are optional and such associated costs for in-person attendance are the full responsibility of the tele-pass psychology licensee.
- Understand that false statements or failure to comply with official requests and official orders shall constitute sufficient cause for revocation of the tele-pass psychology license.
- Understand that all conditions of tele-pass psychology license to practice and enforcement shall be pursuant to New Hampshire law.
- Grant the New Hampshire board of psychologists and its investigators authority to disclose to law enforcement and related regulatory authorities, at their discretion, information including but not limited to status of application, actions and information pertinent to investigations and enforcement of the laws and rules pertaining to the licensee's conduct.
- Not conduct face-to-face in-person psychological services in New Hampshire.

SOURCE: NH Revised Statutes Annotated 329-B:16, (Accessed Mar. 2024).

Licensure of Physicians and Physician Assistants Treating Patients Incarcerated with the Department of Corrections

Unless otherwise prescribed by statute, or the patient is currently in the custody of the New Hampshire department of corrections, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate New Hampshire licensing body if the patient is physically located in New Hampshire at the time of service. This paragraph shall not apply to out-of-state physicians who provide consultation services pursuant to RSA 329:21, II.

Physician and Physician Assistant Licensure Pursuant to Reciprocity Agreement. The office of professional licensure and certification shall seek reciprocity agreements with

states that have licensure requirements for physicians and physicians' assistants that are substantially equivalent to this state, as determined by the board of medicine. The office of professional licensure and certification shall issue licenses to individuals who demonstrate they have a license in good standing from a state that is a party to such agreement, and pay the requisite fee, in accordance with rules adopted by the executive director under RSA 541-A. Out-of-state health care professionals treating patients in the custody of the department of corrections shall be required to be licensed, certified, or registered by, and in good standing with, the appropriate licensing body within their state of practice.

Source: Senate Bill 126 (2023 Session), and RSA 310-A:1-g, IV and 310-A:1-ff, [may be repealed], (Accessed Mar. 2024).

LICENSURE COMPACTS

Last updated 03/29/2024

Member of the Nurse Licensure Compact.

SOURCE: Current NLC States and Status. Nurse Licensure Compact. (Accessed Mar. 2024).

Member of the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Mar. 2024).

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Mar. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: PSYPACT. Legislative Updates. (Accessed Mar. 2024).

Member of Audiology and Speech Language Pathology Compact.

SOURCE: ASLP-IC, Compact States, (Accessed Mar. 2024).

Member of Occupational Therapy Compact.

SOURCE: Occupational Therapy Licensure Compact, Compact Map, (Accessed Mar. 2024).

Member of Counseling Compact.

SOURCE: Compact Map, Counseling Compact, (Accessed Mar. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 03/29/2024

Explicit permission is given to specific professionals to provide services through use of telemedicine. These professionals include:

- Podiatrists
- Chiropractic Examiners
- Midwifery
- Optometry
- Ophthalmic dispensers
- Naturopathic Medicine
- Acupuncture
- Psychologists
- Dentists and dentistry
- Alcohol and other drug use professional
- Nurses (APRNs)
- Mental Health Practice
- Physicians and Surgeons
- Medical technicians
- Medical Imaging and Radiation Therapy

SOURCE: NH Revised Statutes 315:6a , NH Revised Statutes 316-A:15-a, NH Revised Statutes 326-D:12-a, NH Revised Statutes 327:25-c, NH Revised Statutes 327-A:12-a, NH Revised Statutes 328-E:4, NH Revised Statutes 328-G:10, NH Revised Statutes 329-B:16, NH Revised Statutes Annotated, 317-A:7-B. NH Revised Statutes 330-C:14-a , NH Revised Statutes 326-B:2, NH Revised Statutes 330-A:15-b, NH Revised Statutes 329:1-d, NH Revised Statutes 328-I:16, NH Revised Statutes 328-J:12-a, (Accessed Mar. 2024),

Individuals licensed, certified, or registered pursuant to RSA 137-F; RSA 151-A; RSA 315; RSA 316-A; RSA 317-A; RSA 326-B; RSA 326-D; RSA 326-H; RSA 327; RSA 328-D; RSA 328-E; RSA 328-F; RSA 328-G; RSA 329-B; RSA 330-A; RSA 330-C; RSA 327-A; RSA 329; RSA 326-B; RSA 318; RSA 328-I; RSA 328-J; or RSA 332-B may provide services through telemedicine or telehealth, provided the services rendered are authorized by scope of practice.

Nothing in this provision shall be construed to expand the scope of practice for individuals regulated under this chapter.

An individual providing services by means of telemedicine or telehealth directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.
- Provide meaningful language access if the individual is practicing in a facility that is required to ensure meaningful language access to limited-English proficient speakers pursuant to 45 C.F.R. section 92.101 or RSA 354-A, or to deaf or hard of hearing individuals pursuant to 45 C.F.R. section 92.102, RSA 521-A, or RSA 354-A.

Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

SOURCE: NH Revised Statute 310-7, (Accessed Mar. 2024).

A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.

SOURCE: NH Revised Statutes Annotated, 328-J:7-XIII. (Accessed Mar. 2024).

MISCELLANEOUS

Last updated 03/29/2024

A Commission was created to study telehealth services and report to the legislature by December 1, 2022.

SOURCE: NH Revised Statutes 329:1-f. (Accessed Mar. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 03/29/2024

An encounter is comprised of all recipient visits with more than one health care practitioner or multiple visits with the same health care practitioner which take place on

the same day and at a single location, for the same diagnosis or treatment. A recipient may have one medical and one behavioral encounter on the same day. Providers may submit only one medical encounter and one behavioral health encounter per date of service unless a service authorization has been approved for two specific exceptions as follows:

- Subsequent to the first encounter, the recipient suffers an illness or injury with a different diagnosis; or
- Subsequent to the first encounter, the patient received a different treatment at a different time of the same day

SOURCE: NH Medicaid FQHC, FQHC-LAL, 7 RHC (NHB) Manual Jan. 2018, (Accessed Mar. 2024).

“Visit” means a face-to-face encounter which takes place on a single day, at a single location, between a recipient and a health professional in a rural health clinic or FQHC.

SOURCE: Administrative Rules Part HeW 537.01 Rural Health Clinics/ Federally Qualified Health Centers, (Accessed Mar. 2024).

MODALITIES ALLOWED

Last updated 03/29/2024

Live Video

According to statute, there is no restrictions on distant sites, and live video is covered. However, no explicit reference to FQHCs was found.

See: NH Medicaid Live Video.

Store and Forward

According to statute, there is no restriction on distant sites, and all modes of telehealth including store-and-forward, are supposed to be covered. However, CCHP has not found an explicit reference to whether or not FQHCs can be reimbursed for store and forward.

See: NH Medicaid Store and Forward.

Remote Patient Monitoring

According to statute, RPM is covered with restrictions, however there is no clarification if FQHCs can bill for RPM.

See: NH Medicaid Remote Patient Monitoring.

Audio-Only

According to statute, there is no restriction on distant sites, and all modes of telehealth including audio-only, are supposed to be covered. However, CCHP has not found an explicit reference to whether or not FQHCs can be reimbursed for audio-only.

See: NH Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 03/29/2024

An encounter is comprised of all recipient visits with more than one health care practitioner or multiple visits with the same health care practitioner which take place on the same day and at a single location, for the same diagnosis or treatment. A recipient may have one medical and one behavioral encounter on the same day. Providers may submit only one medical encounter and one behavioral health encounter per date of service unless a service authorization has been approved for two specific exceptions as follows:

- Subsequent to the first encounter, the recipient suffers an illness or injury with a different diagnosis; or
- Subsequent to the first encounter, the patient received a different treatment at a different time of the same day

SOURCE: NH Medicaid FQHC, FQHC-LAL, 7 RHC (NHB) Manual Jan. 2018, (Accessed Mar. 2024).

Recipient encounters with more than one health professional, or multiple encounters with the same health professional, which take place on the same day for the same diagnosis or treatment, shall be counted as one visit.

RHCs and FQHCs shall bill for only one visit per recipient per day, except for cases in which the patient, subsequent to the first visit, suffers an illness or injury requiring additional diagnosis and treatment.

SOURCE: Administrative Rules Part HeW 537.08 Rural Health Clinics/ Federally Qualified Health Centers, (Accessed Mar. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 03/29/2024

Not explicitly listed as originating site, however there is no restriction on eligible originating site, according to statute. Additionally, NH complies with the Centers for Medicare and Medicaid Services requirements for telehealth, which does reimburse a facility fee to FQHCs.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

See: NH Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 03/29/2024

Not listed as eligible distant site, however there is no restriction on eligible distant sites according to statute.

SOURCE: NH Revised Statutes 167:4-d (Accessed Mar. 2024).

See: NH Medicaid Live Video Distant Site

FACILITY FEE

Last updated 03/29/2024

NH Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. Based on the Medicare requirements, originating sites (including FQHCs) are eligible for a facility fee.

SOURCE: NH Revised Statutes 167:4-d, (Accessed Mar. 2024).

See: NH Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 03/29/2024

No reference found

HOME ELIGIBLE

Last updated 03/29/2024

No reference found

PATIENT-PROVIDER RELATIONSHIP

Last updated 03/29/2024

No reference found