


December 5, 2025  
 MTS Collaborative Meeting  
 Bureau of Program Integrity Presentation's Q&A

Authorizations and Orders	
Question(s)	Comment(s)
1	Orders for Qualifying Medical Services: The services must be in place or the orders must be in place?  Orders must be in place before services are billed.
2	Are Rehabilitative Assistant services covered under qualifying Medicaid service types?  Rehab services are covered, but they were not one of the entities that were listed on the presentation slides. The rehab assistant can be on your IEP. A qualifying provider must order the rehab assistance services.
3	If the provider has an NPI number and is Medicaid enrolled - can they sign off on their own services meaning they can "order" the services?  Correct.
4	Is there a form recommended for orders?  No, the state usually does not present forms for Providers to use The Provider is responsible for their own form.

5	<p>Was Audiology on the initial list of covered services?</p> <p>We need to have more available codes for audiology</p>	<p>We don't see a lot of services that come from audiology. Usually, if the school has an audiologist come in, that individual professional is billing for the services themselves. So, if the schools are being asked to bill for those services, then we can certainly look at that.</p> <p>A request would have to be sent to NH DHHS to request codes for audiology.</p>
6	<p>Will EPSDT services be revised since NH schools are providing services for students up to age 22?</p>	<p>At this time, we follow federal guidance, and any changes would originate at the federal level for the state to follow.</p>
7	<p>Could the document that OPLC provided related to who can order services be shared with the group?</p>	 <p>Ordering Chart 8.20.2020 with RAupc</p> <p><a href="#">mts-provider-order-chart.pdf</a></p>
<b>Behavioral Health Services</b>		
Question(s)		Comment(s)
8	<p>Can BCBA's sign orders?</p>	<p>A BCBA cannot order themselves, they need an ordering provider to sign orders from the treatment plan.</p>
9	<p>Who orders for BCBA?</p>	<p>MD, ARNP, Psychologist</p>



10	Can BCBA's render services?	Yes.
11	Does a student need an Autism medical diagnosis for them to qualify for medicaid reimbursement through BCBA services?	Currently, yes. In the proposed edits to the Medicaid to Schools Rule, there is an extra line for an additional diagnosis that will be accepted, "pervasive developmental disability". When the new Medicaid to Schools rule is finalized, the addition of "pervasive developmental disability" will be added.
12	Can a BCBA complete the 30 day reviews for registered behavior technicians (RBTs) and paraprofessionals if they hold a supervision certificate? Or, do the 30 day reviews have to be completed by a service provider who is licensed?	Yes, BCBA can complete the 30-day reviews if they hold a supervision certificate and the certificate is on file. Please ensure that if the RBT or paraprofessional is providing additional services outlined in the IEP, supervision is not limited to ABA services alone. While ABA may be reviewed one month, supervision of the other assigned services should also be addressed in subsequent months.
13	Distinction between RBTs carrying out discreet trials and paraprofessionals just carrying out a behavioral plan: There is a separate code (other than RA services) for billing ABA therapy carried out by a technician. Is that correct?  BCBAs in a school setting are often doing Functional Behavioral Assessments (FBAs) and consulting on behavioral needs. RBTs provide behavioral support and will often do discreet trials with students. There are 2 active CPT codes that roughly align with those activities. Is that correct?	If the school has an RBT providing services, the technician code must be used, all required screenings must be completed, and supervision by a BCBA is required.  Refer to the MTS fee schedule for the codes for claiming.



14	<p>Could you please clarify whether RBT services provided and billed under the ABA technician code are appropriate and don't require 30 day reviews?</p>	<p>Yes, RBT services require 30-day reviews. Both RAs and RBTs must receive supervision, regardless of whether services are billed under the ABA Technician codes.</p>
15	<p>Could you please clarify if, currently, an autism identification in school setting alone is justification for billing out ABA services?</p>	<p>Autism Spectrum disorder is the qualifying diagnosis to bill ABA services currently.</p>
16	<p>RBTs are supervised by BCBAs in school settings. 30 day reviews are required in the regs explicitly for rehabilitative assistance, not other billed services.</p> <p>If you have evidence of RBT supervision by a BCBA, a formal 30 day review specifically wouldn't be required, correct?</p>	<p>The supervisory visit will be just for the RBT and other Rehab assistant functions will also need to be documented every 30 days with a supervisory note.</p>
17	<p>Can you get and bill for RBT support without it being ABA, or are all RBTs providing ABA?</p> <p>Example: Carrying out a behavior plan but not doing discrete trials.</p>	<p>RBT is stated for ABA services.</p>
18	<p>Can a School Psychologist supervise counseling provided by a family / Drug and alcohol Social worker with session approvals and 30 day reviews? Would the social workers sessions be billable?</p> <p>This individual would be licensed, not</p>	<p>Enrolled Provider types in Medicaid can provide billable services.</p>



	enrolled in Medicaid.	
<b>Group Services</b>		
Question(s)		Comment(s)
19	<p>We signify in the IEP if it is 1:1 or if it is shared, however, prior to classroom placement, we can predict who is in which classroom so it may be a group of 1 for a year.</p> <p>If it is a group of 1 because there is not a student to be paired with due to classroom placement, is that ok? The team did not recommend 1:1, however, that is what happened due to class makeups.</p>	It needs to be a group of 2 and should identify individual therapy if not a group of 2.
20	What would you put for group size when doing a push in? If you're just with 1 kid in a classroom, is the group size still group of 1?	No, that is individual therapy.
21	<p>LICSW provide group services, pull (not identified) peers in as well. 2 IEP students + 2 not identified does that equal a group?</p> <p>Follow-up question: So you would still count the number of kids in the group, even if they are not identified?</p>	<p>A group service should be the total group that the services are performed for, regardless if they have Medicaid or not. It's divided by the number of people in the group, the total number.</p> <p>According to slide 15, the actual cost per unit of service must be divided among all students in the group, regardless of Medicaid eligibility.</p> <p>This is the same as transportation. If you have some students that are not</p>



		Medicaid eligible, and some that are, you still must divide the cost per unit of service among all members.
<b>Fee Schedule &amp; Maximum Units</b>		
Question(s)		Comment(s)
22	Is there a fee schedule for 2025? Was there an increase to rates for 2025?	The current Medicaid to Schools Fee Schedule on the MMIS website was updated in 2024. <a href="https://nhmmis.nh.gov/portals/wps/wcm/connect/af3f2487-7ff8-4485-bef6-2eed2cc9ed76/2024+Medicaid+to+Schools+Fee+Schedule+as+of+07-01-2024.pdf?MOD=AJPERES&amp;CVID=p4fiEWI">https://nhmmis.nh.gov/portals/wps/wcm/connect/af3f2487-7ff8-4485-bef6-2eed2cc9ed76/2024+Medicaid+to+Schools+Fee+Schedule+as+of+07-01-2024.pdf?MOD=AJPERES&amp;CVID=p4fiEWI</a>
23	Could you explain why schools have maximum amounts?	Sometimes the code specifies a Maximum allowable edit from the CMS CPT code manual that is implemented in the MMIS system to prevent overbilling.
24	Is there a document of what the maximum units per service we can access?	CMS has the information and you can search the CPT MUE lists.
25	On the fee schedule is the max unit per day or per month or per year?  Example 92507: speech/hearing therapy is maxed at 4 units - is that per day? Month? Year?	It states the specific for the code.
<b>Rehabilitative Assistance Documentation of Time Away</b>		



Question(s)	Comment(s)
<p>26 Can you address that time away question already submitted via email?</p> <p>Question on time away from students: the regulations state the requirement of including: "The start and stop times of the delivered services, and whether there was a break in services or time away by the performing provider"</p> <p>Example 1: Can a rehab assistant who is 1:1 with a student all day from morning to afternoon, but is not required to go to pull-out services during the day (SLP, OT, etc) indicate a start time of when they started supporting that student in the morning, indicate the end time of when the support service terminated at the end of day, and simply provide a duration of minutes (without specific start and stop times) – e.g. 60 minutes - for time away (which includes the 30 minute lunch and 30 minutes of pull out services when the paraeducator wasn't providing service)?</p> <p>Example 2: A Rehabilitative Assistant is supporting a student for 2 hours. In that 2 hours, the RA gets taken away for another</p>	<p>If a Rehab Assistant is servicing a member and leaves the session to assist another student and spends more than 5 minutes the R.A. will need to log off with the first student and log in for the second student for billable time. The exception is if the time spent with the second Medicaid student is less than 5 minutes, staff can continue the first visit without a break.</p> <p>If the second student is not a Medicaid student, then the staff need to log off from the first student. Medicaid cannot cover services given to a non-Medicaid child.</p> <p>Auditors will not interpret information. Information must be clear and accurate so that an auditor can understand it correctly.</p>



	<p>service. The time away will be documented with the total duration of the service. Do the exact start and end times of the time away need to be documented, or can the time away be subtracted from the overall service duration with the note that, for 30 minutes (example), the student was not with the RA and the RA was not providing services for 30 minutes? For example, RAs could bill this as services provided 12-2pm and 30 minutes, or specify that services were provided 12-12:30pm and 1-2pm. Which is preferred?</p>	
27	<p>If a paraprofessional is with a student all day, but there is 15 minutes of time away noted because the child got called to the office, should the paraprofessional note the exact time range of the away time, or can they leave it as a net duration?</p>	<p>The paraprofessional should document if they were not actually with the child for those 15 minutes.</p>
28	<p>Can time away be notated in comments, or should you create two separate entries of time billed for?</p>	<p>The clearest method of documenting would be to create separate entries indicating time in and time out. Time-in and time-out will allow the auditors to be able to see that the timeframes match the units billed.</p>
<p><b>Medicaid to Schools Rule and Annual Report</b></p>		
Question(s)		Comment(s)
29	<p>Can you provide the link to the proposed</p>	<p>The following link provides information on the proposed rules changes for He-W</p>



	policy change document and where we can enroll in the listserv to be on the mailing list?	589. <a href="https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/hew589fp.pdf">https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/hew589fp.pdf</a>
30	Will the annual report include the amount of money that schools have had to recoup based on audits?	I am not sure of this answer and will need to research.
31	When will the stakeholders see the proposed new rule for input?	The proposed updates to He-W 589 were open for public comment in the Spring of 2025. The following link provides information on the proposed rule changes for He-W 589 and answers to the public comments received. <a href="https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/hew589fp.pdf">https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/hew589fp.pdf</a>

