



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

New Hampshire Medicaid Program

To: NH Medicaid Enrolled Applied Behavioral Analysis Providers
From: NH Division of Medicaid Services
Date: April 14, 2026
Subject: Guidance on Authorization of Applied Behavioral Analysis Services

This guidance clarifies the Utilization Management (UM) of Applied Behavioral Analysis (ABA) services as covered under [NH Administrative Rule He-W 546 Early and Periodic Screening, Diagnosis, and Treatment Services \(EPSDT\)](#). Services covered under EPSDT must reflect EPSDT standards of coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for children based on their individualized needs.

ABA services are covered services based on EPSDT medical necessity and are subject to utilization management reviews, including service authorization processes. Service authorization requests are reviewed individually under EPSDT, and any New Hampshire Medicaid member who meets the requirements of He-W 546: Early and Periodic Screening, Diagnosis and Treatment Services will be eligible to receive medically necessary ABA services.

ABA providers must submit a service authorization request with required documentation for review. The required documentation includes, but is not limited to, an individualized treatment plan, rationale for the medically necessary ABA services, and supporting documentation to determine ABA service quantity limits. A signed diagnostic evaluation by a qualified health professional confirming the diagnosis of autism or other developmental disability is required to receive coverage for ABA services. A signed order or referral for services by a qualified health professional is also required for coverage of ABA services.

Providers must ensure there is no duplication of services when the member is attending school and receiving ABA services in the school setting as part of an IEP covered by the Medicaid to School Program. The verification can be covered by inclusion of the full IEP, a partial IEP which includes relevant components of the IEP allowing the rendering provider to make a determination that there will not be medically unnecessary duplication of services, or by the rendering provider attestation, in the service authorization request, that there is no medically unnecessary duplication of services in the requested ABA services for ABA services provided in the school setting through Medicaid to Schools. Rendering providers may need to request and review medical records from the ABA provider providing services as part of the IEP in the school setting to ensure no medically unnecessary duplication of services. Failure to include the IEP cannot be a reason for denial of services.

Service authorization requests must be evaluated as they are written. If the authorization is approved for a lower number of hours than requested, based on medical necessity, the MCO will follow a partial denial process, and issue a denial for the hours which were not approved to allow for member appeal rights. If after a MCO peer-to-provider peer review, the original service authorization request is not approved, the MCO will make sure a denial, or partial denial was issued to maintain the appeal rights of the member for the original request. If during the peer to peer review the MCO and requesting provider agree upon a different coverage amount, then the requesting provider will submit a new authorization request to the agreed upon terms.

If there are questions on how one of the NH Medicaid Managed Care Organizations (MCO) handles the above information, please reach out to your MCO provider representative.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations