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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Limited to those recognized under State Law

OFFICIAL

TN No. 86-2a

Supersedes

TN No. ---

Approval Date

8/5/86

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4/1/86

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