

Line of Business: MED - NHMEDICAID  
Department of Health and Human Services  
2024 NH Fee Schedule – Covered Procedures Report



BP ID - BP Desc: ECIHC-HCBC - ECI - Home Care

Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
G0156	HC	U1			Home Health Aide 8+ Units	Y	G1 - Gen Fee	\$8.29	448	10/01/2023	12/31/9999
G0156	HC	U2			In-Home Day Care	Y	G1 - Gen Fee	\$4.20	560	07/01/2023	12/31/9999
G0156	HC	U9			Home Health Aide 8+ Hospital	Y	G1 - Gen Fee	\$8.29	672	10/01/2023	12/31/9999
H0043	HC	U6			Supported Housing Level 2	Y	G1 - Gen Fee	\$62.72	31	01/01/2024	12/31/9999
H2023	HC	U1			Supported Employment, 15 min, std rate	Y	G1 - Gen Fee	\$5.28	64	07/01/2023	12/31/9999
S5102	HC	U2			Day Care Services (AMDC)	Y	G1 - Gen Fee	\$85.00	31	01/01/2024	12/31/9999
S5130	HC				Homemaker	Y	G1 - Gen Fee	\$7.68	448	01/01/2024	12/31/9999
S5140	HC	U1			Adult Family Care - Level 1 Per Diem	Y	G1 - Gen Fee	\$73.45	31	01/01/2024	12/31/9999
S5140	HC	U2			Adult Family Care - Level 2 Per Diem	Y	G1 - Gen Fee	\$100.37	31	01/01/2024	12/31/9999
S5140	HC	U5			Kinship Care - Level 1 Per Diem	Y	G1 - Gen Fee	\$73.45	31	01/01/2024	12/31/9999
S5140	HC	U6			Kinship Care - Level 2 Per Diem	Y	G1 - Gen Fee	\$100.37	31	01/01/2024	12/31/9999
S5161	HC				Emerg Response System	Y	G1 - Gen Fee	\$37.55	1	07/01/2023	12/31/9999
S5161	HC	U1			Cell Based PERS	Y	G1 - Gen Fee	\$43.80	1	07/01/2023	12/31/9999
S5170	HC				Home Delivered Meal	Y	G1 - Gen Fee	\$8.68	21	01/01/2024	12/31/9999
S5170	HC	U1			Home Delivered Emerg Meals Pck	Y	G1 - Gen Fee	\$8.68	28	01/01/2024	12/31/9999
S5185	HC	U1			Electronic Rx Device Monthly Service	Y	G1 - Gen Fee	\$42.92	1	07/01/2023	12/31/9999
S5185	HC	U2			Electronic Rx Device Installation	Y	G1 - Gen Fee	\$64.38	1	07/01/2023	12/31/9999
S5185	HC	U3			Electronic Rx / PERS Device	Y	G1 - Gen Fee	\$80.47	1	07/01/2023	12/31/9999
S5185	HC	U4			Sealed Rx Drug Packets	Y	G1 - Gen Fee	\$37.55	1	07/01/2023	12/31/9999
S5185	HC	U5			Electronic RX/Cell Based PERS	Y	G1 - Gen Fee	\$86.72	1	07/01/2023	12/31/9999

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T1005	HC				Respite Care Services	Y	G1 - Gen Fee	\$8.00	8,640	01/01/2024	12/31/9999
T1005	HC	U3			Respite Care Facility Based	Y	G1 - Gen Fee	\$8.00	8,640	02/12/2024	12/31/9999
T1016	HC	U1			Case Management	Y	G1 - Gen Fee	\$301.49	1	01/01/2024	12/31/9999
T1017	HC				CASE MANAGEMENT	N	G1 - Gen Fee	\$52.73	7	01/01/2024	12/31/9999
T1019	HC	U1			Personal Care Agency Directed	Y	G1 - Gen Fee	\$8.00	560	10/01/2023	12/31/9999
T1019	HC	U2			Personal Care Consumer Directed	Y	G1 - Gen Fee	\$8.00	560	10/01/2023	12/31/9999
T1021	HC				Home Health Aide Per Visit	Y	G1 - Gen Fee	\$42.75	14	10/01/2023	12/31/9999
T1030	HC				Skilled Nurse Per Visit	Y	G1 - Gen Fee	\$129.00	1	01/01/2024	12/31/9999
T2002	HC				Non-Medical Transportation	Y	G1 - Gen Fee	\$9.57	4	07/01/2023	12/31/9999
T2025	HC				Consolidated Services	Y	G1 - Gen Fee	\$15,944.42	31	01/01/2021	12/31/9999
T2040	HC				Financial Management per month, std rate	Y	G1 - Gen Fee	\$96.55	999	07/01/2023	12/31/9999

**BP ID - BP Desc: ECIMLC-HCBC - ECI - Mid Level Care**

Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
G0156	HC	U1			Home Health Aide 8+ Units	Y	G1 - Gen Fee	\$8.29	448	10/01/2023	12/31/9999
G0156	HC	U2			In-Home Day Care	Y	G1 - Gen Fee	\$4.20	560	07/01/2023	12/31/9999
G0156	HC	U9			Home Health Aide 8+ Hospital	Y	G1 - Gen Fee	\$8.29	672	10/01/2023	12/31/9999
H2023	HC	U1			Supported Employment, 15 min, std rate	Y	G1 - Gen Fee	\$5.28	64	07/01/2023	12/31/9999
S5102	HC	U2			Day Care Services (AMDC)	Y	G1 - Gen Fee	\$85.00	31	01/01/2024	12/31/9999
S5130	HC				Homemaker	Y	G1 - Gen Fee	\$7.68	448	01/01/2024	12/31/9999
S5161	HC				Emerg Response System	Y	G1 - Gen Fee	\$37.55	1	07/01/2023	12/31/9999

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S5161	HC	U1			Cell Based PERS	Y	G1 - Gen Fee	\$43.80	1	07/01/2023	12/31/9999
S5170	HC				Home Delivered Meal	Y	G1 - Gen Fee	\$8.68	21	01/01/2024	12/31/9999
S5185	HC	U1			Electronic Rx Device Monthly Service	Y	G1 - Gen Fee	\$42.92	1	07/01/2023	12/31/9999
S5185	HC	U2			Electronic Rx Device Installation	Y	G1 - Gen Fee	\$64.38	1	07/01/2023	12/31/9999
S5185	HC	U3			Electronic Rx / PERS Device	Y	G1 - Gen Fee	\$80.47	1	07/01/2023	12/31/9999
S5185	HC	U4			Sealed Rx Drug Packets	Y	G1 - Gen Fee	\$37.55	1	07/01/2023	12/31/9999
S5185	HC	U5			Electronic RX/Cell Based PERS	Y	G1 - Gen Fee	\$86.72	1	07/01/2023	12/31/9999
T1005	HC				Respite Care Services	Y	G1 - Gen Fee	\$8.00	8,640	01/01/2024	12/31/9999
T1016	HC	U1			Case Management	Y	G1 - Gen Fee	\$301.49	1	01/01/2024	12/31/9999
T1017	HC				CASE MANAGEMENT	N	G1 - Gen Fee	\$52.73	7	01/01/2024	12/31/9999
T1019	HC	U1			Personal Care Agency Directed	Y	G1 - Gen Fee	\$8.00	560	10/01/2023	12/31/9999
T1019	HC	U2			Personal Care Consumer Directed	Y	G1 - Gen Fee	\$8.00	560	10/01/2023	12/31/9999
T1021	HC				Home Health Aide Per Visit	Y	G1 - Gen Fee	\$42.75	14	10/01/2023	12/31/9999
T1030	HC				Skilled Nurse Per Visit	Y	G1 - Gen Fee	\$129.00	1	01/01/2024	12/31/9999
T2002	HC				Non-Medical Transportation	Y	G1 - Gen Fee	\$9.57	4	07/01/2023	12/31/9999
T2025	HC				Consolidated Services	Y	G1 - Gen Fee	\$15,944.42	31	01/01/2021	12/31/9999
T2033	HC	U1			Residential Care	Y	G1 - Gen Fee	\$73.45	31	01/01/2024	12/31/9999
T2033	HC	U3			Residential Dementia L1	Y	G1 - Gen Fee	\$100.37	31	01/01/2024	12/31/9999
T2033	HC	U4			Residential Dementia L2	Y	G1 - Gen Fee	\$113.01	31	01/01/2024	12/31/9999

Department of Health and Human Services  
 2024 NH Fee Schedule – Covered Procedures Selection Criteria



Selection Criteria Type	Selection Criteria Field	Selection Criteria Value / Business Rule
Report Description	This report lists the procedure code pricing data for the covered Procedure Codes by Benefit Plan that are not manually priced. It runs at least annually and is posted to the external website.	
System Generated	Cognos User ID:	SPRATT01
System Generated	As of Date:	02/16/2024
Prompt	LOB Cd:	= MED - NHMEDICAID
Prompt	BP ID:	= ECICP, ECIHC, ECIMLC
Prompt	Prcng End Dt:	>= 02/16/2024