

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2022 Transitional Housing Program Fee Schedule



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
90832	HW	U1			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$61.45	1	01/01/2021	12/31/9999
90832	HW	U2			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$61.45	1	01/01/2021	12/31/9999
90833	HW	U1			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$32.25	999	01/01/2021	12/31/9999
90833	HW	U2			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$32.25	999	01/01/2021	12/31/9999
90834	HW	U1			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$84.96	1	01/01/2021	12/31/9999
90834	HW	U2			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$84.96	1	01/01/2021	12/31/9999
90836	HW	U1			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$52.34	999	01/01/2021	12/31/9999
90836	HW	U2			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$52.34	999	01/01/2021	12/31/9999
90837	HW	U1			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$113.28	1	01/01/2021	12/31/9999
90837	HW	U2			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$113.28	1	01/01/2021	12/31/9999
90838	HW	U1			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$84.35	999	01/01/2021	12/31/9999
90838	HW	U2			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$84.35	999	01/01/2021	12/31/9999
90839	HW	U1			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$89.19	4	01/01/2021	12/31/9999
90839	HW	U2			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$89.19	4	01/01/2021	12/31/9999
90840	HW	U1			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U2			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90853	HW	U1			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$11.32	999	01/01/2021	12/31/9999
90853	HW	U2			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$11.32	999	01/01/2021	12/31/9999
99202	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$72.63	1	01/01/2021	12/31/9999
99202	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$72.63	1	01/01/2021	12/31/9999
99203	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$106.18	1	01/01/2021	12/31/9999
99203	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$106.18	1	01/01/2021	12/31/9999
99204	GY	HW	U1		Office/outpatient visit new	N	G1 - Gen Fee	\$161.60	1	01/01/2021	12/31/9999
99204	GY	HW	U2		Office/outpatient visit new	N	G1 - Gen Fee	\$161.60	1	01/01/2021	12/31/9999
99204	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$161.60	1	01/01/2021	12/31/9999
99204	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$161.60	1	01/01/2021	12/31/9999

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99205	GY	HW	U1		Office/outpatient visit new	N	G1 - Gen Fee	\$202.77	1	01/01/2021	12/31/9999
99205	GY	HW	U2		Office/outpatient visit new	N	G1 - Gen Fee	\$202.77	1	01/01/2021	12/31/9999
99205	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$202.77	1	01/01/2021	12/31/9999
99205	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$202.77	1	01/01/2021	12/31/9999
99211	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$23.39	1	01/01/2021	12/31/9999
99211	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$23.39	1	01/01/2021	12/31/9999
99212	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$43.78	1	01/01/2021	12/31/9999
99212	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$43.78	1	01/01/2021	12/31/9999
99213	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$70.14	1	01/01/2021	12/31/9999
99213	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$70.14	1	01/01/2021	12/31/9999
99214	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$105.30	1	01/01/2021	12/31/9999
99214	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$105.30	1	01/01/2021	12/31/9999
99215	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$142.03	1	01/01/2021	12/31/9999
99215	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$142.03	1	01/01/2021	12/31/9999
H2001	HW	U1			REHABILITATION	N	G1 - Gen Fee	\$73.62	1	01/01/2021	12/31/9999
H2001	HW	U2			REHABILITATION	N	G1 - Gen Fee	\$73.62	1	01/01/2021	12/31/9999
H2018	HW	U1			REHABILITATION SERVICES	N	G1 - Gen Fee	\$106.19	1	01/01/2021	12/31/9999
H2018	HW	U2			REHABILITATION SERVICES	N	G1 - Gen Fee	\$106.19	1	01/01/2021	12/31/9999
H2020	HW	U1			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$232.79	1	01/01/2021	12/31/9999
H2020	HW	U2			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$232.79	1	01/01/2021	12/31/9999
H2023	HW	U1			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$20.21	999	01/01/2021	12/31/9999
H2023	HW	U2			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$20.21	999	01/01/2021	12/31/9999
H2027	HQ	HW	U1		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$9.76	999	01/01/2021	12/31/9999
H2027	HQ	HW	U2		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$9.76	999	01/01/2021	12/31/9999
H2027	HW	U1			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$28.21	999	01/01/2021	12/31/9999
H2027	HW	U2			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$28.21	999	01/01/2021	12/31/9999

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T1016	HW	U1			CASE MANAGEMENT	N	G1 - Gen Fee	\$380.69	1	01/01/2021	12/31/9999
T1016	HW	U2			CASE MANAGEMENT	N	G1 - Gen Fee	\$380.69	1	01/01/2021	12/31/9999