

**Department of Health and Human Services
2024 NH MEDICAID TO SCHOOLS PROCEDURE CODE LIST
& FEE SCHEDULE**



BP ID - BP Desc: MCAID-Medicaid Benefit Plan

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
90791	TM				PSYCH EVAL	N	G1 - Gen Fee	\$140.82	1	01/01/2024	12/31/9999
90832	HQ	TM			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$30.42	1	01/01/2024	12/31/9999
90832	TM				Psytx w pt 30 minutes	N	G1 - Gen Fee	\$60.83	1	01/01/2024	12/31/9999
90834	TM				Psytx w pt 45 minutes	N	G1 - Gen Fee	\$80.46	1	01/01/2024	12/31/9999
90837	TM				Psytx w pt 60 minutes	N	G1 - Gen Fee	\$118.38	1	01/01/2024	12/31/9999
90839	TM				Psytx crisis initial 60 min	N	G1 - Gen Fee	\$113.71	1	01/01/2024	12/31/9999
90840	TM				Psytx crisis ea addl 30 min	N	G1 - Gen Fee	\$56.39	2	01/01/2024	12/31/9999
90863	TM				Pharmacologic mgmt w/psytx	N	G1 - Gen Fee	\$4.36	1	07/01/2023	12/31/9999
92002	TM				Intrm oph exam new patient	N	G1 - Gen Fee	\$44.97	1	07/01/2023	12/31/9999
92012	TM				Intrm oph exam est patient	N	G1 - Gen Fee	\$41.27	1	07/01/2023	12/31/9999
92507	TM				Speech/hearing therapy	N	G1 - Gen Fee	\$19.57	4	01/01/2024	12/31/9999
92508	TM				Speech/hearing therapy	N	G1 - Gen Fee	\$5.78	4	01/01/2024	12/31/9999
92521	TM				Evaluation of speech fluency	N	G1 - Gen Fee	\$125.10	1	07/01/2023	12/31/9999
92522	TM				Evaluate speech production	N	G1 - Gen Fee	\$101.59	1	07/01/2023	12/31/9999
92523	TM				Speech sound lang comprehen	N	G1 - Gen Fee	\$211.01	1	07/01/2023	12/31/9999
92524	TM				Behavral qualit analys voice	N	G1 - Gen Fee	\$105.89	1	07/01/2023	12/31/9999
92526	TM				Oral function therapy	N	G1 - Gen Fee	\$85.60	2	07/01/2023	12/31/9999
92551	TM				Pure tone hearing test air	N	G1 - Gen Fee	\$5.48	1	07/01/2023	12/31/9999
92552	TM				Pure tone audiometry air	N	G1 - Gen Fee	\$8.21	1	07/01/2023	12/31/9999
92553	TM				Audiometry air & bone	N	G1 - Gen Fee	\$10.95	1	07/01/2023	12/31/9999
92555	TM				Speech threshold audiometry	N	G1 - Gen Fee	\$5.48	1	07/01/2023	12/31/9999
92556	TM				Speech audiometry complete	N	G1 - Gen Fee	\$16.43	1	07/01/2023	12/31/9999
92557	TM				Comprehensive hearing test	N	G1 - Gen Fee	\$27.38	1	07/01/2023	12/31/9999

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92567	TM				Tympanometry	N	G1 - Gen Fee	\$8.77	1	07/01/2023	12/31/9999
92568	TM				Acoustic refl threshold tst	N	G1 - Gen Fee	\$8.21	1	07/01/2023	12/31/9999
92570	TM				Acoustic immittance testing	N	G1 - Gen Fee	\$15.09	1	07/01/2023	12/31/9999
92579	TM				Visual audiometry (vra)	N	G1 - Gen Fee	\$17.70	1	07/01/2023	12/31/9999
92582	TM				Conditioning play audiometry	N	G1 - Gen Fee	\$8.21	1	07/01/2023	12/31/9999
92587	TM				Evoked auditory test limited	N	G1 - Gen Fee	\$30.03	1	01/01/2024	12/31/9999
92588	TM				Evoked auditory tst complete	N	G1 - Gen Fee	\$48.90	1	09/01/2021	12/31/9999
92610	TM				Evaluate swallowing function	N	G1 - Gen Fee	\$85.35	1	07/01/2023	12/31/9999
92620	TM				Auditory function 60 min	N	G1 - Gen Fee	\$61.71	1	07/01/2023	12/31/9999
92621	TM				Auditory function + 15 min	N	G1 - Gen Fee	\$14.78	8	07/01/2023	12/31/9999
92630	TM				Aud rehab pre-ling hear loss	N	G1 - Gen Fee	\$57.17	1	07/01/2023	12/31/9999
92633	TM				Aud rehab postling hear loss	N	G1 - Gen Fee	\$57.17	1	07/01/2023	12/31/9999
96130	TM				Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2024	12/31/9999
96131	TM				Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	6	01/01/2024	12/31/9999
96132	TM				Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	09/01/2021	12/31/9999
96133	TM				Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$105.08	6	09/01/2021	12/31/9999
96136	TM				Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	09/01/2021	12/31/9999
96137	TM				Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	6	09/01/2021	12/31/9999
96138	TM				Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	01/01/2024	12/31/9999
96139	TM				Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	6	01/01/2024	12/31/9999
96146	TM				Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	1	01/01/2024	12/31/9999
97110	TM				Therapeutic Exercises	N	G1 - Gen Fee	\$24.95	4	07/01/2023	12/31/9999
97112	TM				Neuromuscular reeducation	N	G1 - Gen Fee	\$25.45	4	07/01/2023	12/31/9999

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97116	TM				Gait training therapy	N	G1 - Gen Fee	\$22.08	4	07/01/2023	12/31/9999
97139	TM				Unlisted therapeutic px	N	G1 - Gen Fee	\$21.90	2	01/01/2024	12/31/9999
97150	TM				Group therapeutic procedures	N	G1 - Gen Fee	\$10.95	4	01/01/2024	12/31/9999
97151	TM				Bhv id assmt by phys/qhp	N	G1 - Gen Fee	\$16.43	8	07/01/2023	12/31/9999
97153	TM				Adaptive behavior tx by tech	N	G1 - Gen Fee	\$17.79	8	07/01/2023	12/31/9999
97161	TM				Pt eval low complex 20 min	N	G1 - Gen Fee	\$52.12	1	07/01/2023	12/31/9999
97162	TM				Pt eval mod complex 30 min	N	G1 - Gen Fee	\$52.12	1	07/01/2023	12/31/9999
97163	TM				Pt eval high complex 45 min	N	G1 - Gen Fee	\$52.12	1	07/01/2023	12/31/9999
97164	TM				Re-Evaluation of physical therapy	N	G1 - Gen Fee	\$35.51	1	07/01/2023	12/31/9999
97165	TM				Ot eval low complex 30 min	N	G1 - Gen Fee	\$47.27	1	07/01/2023	12/31/9999
97166	TM				Ot eval mod complex 45 min	N	G1 - Gen Fee	\$70.89	1	07/01/2023	12/31/9999
97167	TM				Ot eval high complex 60 min	N	G1 - Gen Fee	\$94.53	1	07/01/2023	12/31/9999
97168	TM				Ot re-eval est plan care	N	G1 - Gen Fee	\$59.87	1	07/01/2023	12/31/9999
97530	TM				Therapeutic activities	N	G1 - Gen Fee	\$15.41	4	07/01/2023	12/31/9999
97533	TM				Sensory integration	N	G1 - Gen Fee	\$18.66	4	07/01/2023	12/31/9999
99407	HQ				Behav chng smoking > 10 min	N	G1 - Gen Fee	\$8.94	1	07/01/2023	12/31/9999
99408	TM				Audit/dast 15-30 min	N	G1 - Gen Fee	\$39.64	1	07/01/2023	12/31/9999
99409	TM				Audit/dast over 30 min	N	G1 - Gen Fee	\$76.08	1	07/01/2023	12/31/9999
H0001	TM				Alcohol and/or drug assess	N	G1 - Gen Fee	\$211.80	1	01/01/2024	12/31/9999
H0004	TM	U1			Alcohol and/or drug services	N	G1 - Gen Fee	\$88.13	1	01/01/2024	12/31/9999
H0004	TM	U2			Alcohol and/or drug services	N	G1 - Gen Fee	\$114.16	1	01/01/2024	12/31/9999
H0004	TM	U3			Alcohol and/or drug services	N	G1 - Gen Fee	\$170.84	1	01/01/2024	12/31/9999
H0005	TM				Alcohol and/or drug services	N	G1 - Gen Fee	\$35.22	1	01/01/2024	12/31/9999

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H0007	TM	U1			Alcohol and/or drug services	N	G1 - Gen Fee	\$178.51	1	01/01/2024	12/31/9999
H0007	TM	U2			Alcohol and/or drug services	N	G1 - Gen Fee	\$85.62	1	01/01/2024	12/31/9999
H0038	TM				Youth Peer support, SELF-HELP/PEER SERVI	N	G1 - Gen Fee	\$10.91	999	07/01/2023	12/31/9999
H0038	TM	U1			Family Peer support, SELF-HELP/PEER SERV	N	G1 - Gen Fee	\$21.17	999	07/01/2023	12/31/9999
H0046	TM				MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$27.38	32	07/01/2023	12/31/9999
H0049	TM				Alcohol/drug screening	N	G1 - Gen Fee	\$69.04	2	07/01/2023	12/31/9999
H2017	TM				REHABILITATION SERVICES	N	G1 - Gen Fee	\$6.50	48	07/01/2023	12/31/9999
S9123	TM				RN Services	N	G1 - Gen Fee	\$75.84	8	01/01/2024	12/31/9999
S9124	TM				LPN Services	N	G1 - Gen Fee	\$54.89	8	01/01/2024	12/31/9999
S9152	TM				Speech therapy, re-eval	N	G1 - Gen Fee	\$103.74	2	07/01/2023	12/31/9999
T1001	TM				NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$30.80	1	07/01/2023	12/31/9999
T1002	TM				RN SERVICES UP TO 15 MIN	N	G1 - Gen Fee	\$15.41	8	07/01/2023	12/31/9999
T1003	TM				LPN/LVN services up to 15min	N	G1 - Gen Fee	\$14.17	8	07/01/2023	12/31/9999
T1012	TM				Alcohol/Substance Abuse Skil	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
T1027	TM				FAMILY COUNSELING	N	G1 - Gen Fee	\$27.38	64	07/01/2023	12/31/9999
T1999	TM				MISC THERAPY SUPPLIES	N	G1 - Gen Fee	\$51.50	4	07/01/2023	12/31/9999
T2003	TM				N-et; encounter/trip	N	G1 - Gen Fee	\$2.62	999	07/01/2023	12/31/9999
V2799	TM				Misc vision item or service	N	G1 - Gen Fee	\$25.75	4	01/01/2024	12/31/9999