

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



BP ID - BP Desc: IHSWVR-HCBC -In Home Support Waiver

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
H2016	SE	UC			Indiv Directed Goods &	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
S5161	SE	U1	UC		Emerg Response System	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
S5161	SE	UC			Emerg Response System	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
S5165	SE	U1	UC		Home Mod. Smoke	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
S5165	SE	U2	UC		Home Mod. Wind	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
S5165	SE	U4	UC		Home Mod Security	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
S5165	SE	UC			HOME MODIFICATIONS	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
T2002	SE	U1	UC		Non-Medical Transportation	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	12/31/9999
T2002	SE	UC			Non-Medical Transportation	Y	G1 - Gen Fee	\$9.47	4	01/01/2024	12/31/9999
T2025	SE	U1	U9	UC	IHS Systemic, Therapeutic, Assessment, R	Y	G1 - Gen Fee	\$6,450.55	1	01/01/2024	12/31/9999
T2025	SE	U1	UC		In Home Residential	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
T2025	SE	U2	UC		IHS Consultations	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
T2025	SE	U3	U7	UC	SIS	N	G1 - Gen Fee	\$376.40	1	01/01/2024	12/31/9999
T2025	SE	U3	U8	UC	Wellness Coaching	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999

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T2025	SE	U3	UC		IHS Service Coordination	Y	G1 - Gen Fee	\$301.49	1	01/01/2024	12/31/9999
T2025	SE	U4	UC		IHS Respite	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
T2025	SE	U5	U8	UC	Comm Integr Svcs	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
T2025	SE	U7	U8	UC	HRST	N	G1 - Gen Fee	\$117.15	1	01/01/2024	12/31/9999
T2035	SE	UC			Assist Tech	Y	G7 - Gen Pay Sb	\$0.00	999	01/01/2021	12/31/9999
T2039	SE	UC			Emod - Vehicle	Y	G7 - Gen Pay Sb	\$0.00	1	01/01/2021	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:	01/10/2024
Prompt	LOB Cd:	= MED - NHMEDICAID
Prompt	BP ID:	= IHSWVR
Prompt	Prcng End Dt:	>= 01/10/2024