

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:  | 05/07/2024                               |
| Prompt                  | LOB Cd:  | = MED - NHMEDICAID                       |
| Prompt                  | BP ID:   | = ECICP, ECIHC, ECIMLC                   |
| Prompt                  | Prcng End Dt:  | >= 05/07/2024                            |