Line of Business: MED - NHMEDICAID Department of Health and Human Services 2020 Children's Mental Health HCBC Medicaid Rate 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
					COMMUNITY-BASED WRAP-AROUND						
12022	HW	SC			SERVICES, PER DIEM	Υ	G1-Gen Fee	\$72.45	999	1/1/2020	12/31/9999
			HB-Adult program,		Family Peer support, SELF-HELP/PEER						
H0038	HW	SC	non geriatric		SERVICES, PER 15 MINUTES	Y	G1-Gen Fee	\$20.55	999	1/1/2020	12/31/9999
	1100	36	U3- Program group,		SERVICES, I ER 13 WIIVO I ES	•	GI Genree	720.33	333	1, 1, 2020	12,31,333
			child and/or		Youth Peer support, SELF-HELP/PEER						
H0038	HW	SC	adolescent		SERVICES, PER 15 MINUTES	Υ	G1-Gen Fee	\$10.59	999	1/1/2020	12/31/9999
					MENTAL HEALTH SERVICES, NOT						
					OTHERWISE SPECIFIED (\$1,000/year						
10046	HW	SC			limit)	Υ	G3-Gen Man FS	\$0.00	999	1/1/2020	12/31/9999
S5150	HW	SC			RESPITE CARE - In the home	Υ	G1-Gen Fee	\$4.38	1440	1/1/2020	12/31/9999
			U1-Respite care in		RESPITE CARE, NOT IN THE HOME,						
			General foster home		FOSTER CARE, CHILD, NON-						
H0041	HW	SC	for children ages 6-11		THERAPEUTIC, PER DIEM 6-11	Υ	G1-Gen Fee	\$18.56	24	1/1/2020	12/31/9999
			IIO Deseite com in		DESDITE CARE MOT IN THE HOME						
			U2- Respite care in		RESPITE CARE, NOT IN THE HOME,						
10044	11547		General foster home		FOSTER CARE, CHILD, NON-	v	C1 C 5	622.07	2.4	1 /1 /2020	12/21/0000
H0041	HW	SC	for children ages 12+		THERAPEUTIC, PER DIEM 12+	Y	G1-Gen Fee	\$22.07	24	1/1/2020	12/31/9999
					RESPITE CARE, NOT IN THE HOME,						
`E14E	LIVA	S.C.			FOSTER CARE, THERAPEUTIC, CHILD; PER	V	C1 Con Fac	672.47	2.4	1/1/2020	12/21/0000
S5145 H0045	HW	SC			DIEM / Out of Home Respite	Y	G1-Gen Fee	\$72.17	24	1/1/2020	12/31/9999
	HW	SC			RESPITE CARE, NOT IN THE HOME, GROUP HOME, CHILD, PER DIEM	ļ ,,	G1-Gen Fee	\$113.41	24	1/1/2020	12/31/9999