

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
H2022	HW	SC			COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	Y	G1-Gen Fee	\$72.45	999	1/1/2020	12/31/9999
H0038	HW	SC	HB-Adult program, non geriatric		Family Peer support, SELF-HELP/PEER SERVICES, PER 15 MINUTES	Y	G1-Gen Fee	\$20.55	999	1/1/2020	12/31/9999
H0038	HW	SC	U3- Program group, child and/or adolescent		Youth Peer support, SELF-HELP/PEER SERVICES, PER 15 MINUTES	Y	G1-Gen Fee	\$10.59	999	1/1/2020	12/31/9999
H0046	HW	SC			MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED (\$1,000/year limit)	Y	G3-Gen Man FS	\$0.00	999	1/1/2020	12/31/9999
S5150	HW	SC			RESPIRE CARE - In the home	Y	G1-Gen Fee	\$4.38	1440	1/1/2020	12/31/9999
H0041	HW	SC	U1-Respite care in General foster home for children ages 6-11		RESPIRE CARE, NOT IN THE HOME, FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM 6-11	Y	G1-Gen Fee	\$18.56	24	1/1/2020	12/31/9999
H0041	HW	SC	U2- Respite care in General foster home for children ages 12+		RESPIRE CARE, NOT IN THE HOME, FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM 12+	Y	G1-Gen Fee	\$22.07	24	1/1/2020	12/31/9999
S5145	HW	SC			RESPIRE CARE, NOT IN THE HOME, FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM / Out of Home Respite	Y	G1-Gen Fee	\$72.17	24	1/1/2020	12/31/9999
H0045	HW	SC			RESPIRE CARE, NOT IN THE HOME, GROUP HOME, CHILD, PER DIEM	Y	G1-Gen Fee	\$113.41	24	1/1/2020	12/31/9999