

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2021 NH Fee Schedule – Manually Priced 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
H2016	HC	-	-	-	Indiv Directed Goods & Svcs,ea,spec rate	Y	G3 - Gen Man FS	\$0.00	999	07/01/2017	12/31/9999
H2023	HC	U2	-	-	Supported Employment, Each, spec rate	Y	G3 - Gen Man FS	\$0.00	64	07/01/2017	12/31/9999
S5140	HC	U4	-	-	Adult Family Care Special Daily Rates	Y	G3 - Gen Man FS	\$0.00	31	10/01/2008	12/31/9999
S5165	HC	-	-	-	Home Modification	Y	G3 - Gen Man FS	\$0.00	1	03/01/2004	12/31/9999
T1005	HC	U1	-	-	Respite Care Special Rate	Y	G3 - Gen Man FS	\$0.00	8,640	07/01/2017	12/31/9999
T1019	HC	U3	-	-	PDS Personal Care, Each, spec rate	Y	G3 - Gen Man FS	\$0.00	999	07/01/2017	12/31/9999
T1019	HC	U4	-	-	Personal Care - Special Rate	Y	G3 - Gen Man FS	\$0.00	560	06/01/2019	12/31/9999
T2029	HC	-	-	-	Specialized Medical Equipment	Y	G3 - Gen Man FS	\$0.00	1	01/01/2008	12/31/9999
T2038	HC	U1	-	-	Community Transition	Y	G3 - Gen Man FS	\$0.00	1	10/01/2007	12/31/9999
T2041	HC	-	-	-	Consultation, each, special rate	Y	G3 - Gen Man FS	\$0.00	999	07/01/2017	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
H2023	HC	U2	-	-	Supported Employment, Each,	Y	G3 - Gen	\$0.00	64	07/01/2017	12/31/9999

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2021 NH Fee Schedule – Manually Priced Procedures Report



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
					spec rate		Man FS				
S5165	HC	-	-	-	Home Modification	Y	G3 - Gen Man FS	\$0.00	1	03/01/2004	12/31/9999
T1005	HC	U1	-	-	Respite Care Special Rate	Y	G3 - Gen Man FS	\$0.00	8,640	07/01/2017	12/31/9999
T2029	HC	-	-	-	Specialized Medical Equipment	Y	G3 - Gen Man FS	\$0.00	1	01/01/2008	12/31/9999
T2033	HC	U2	-	-	Residential Care Special Rates	Y	G3 - Gen Man FS	\$0.00	31	09/01/2007	12/31/9999
T2038	HC	U1	-	-	Community Transition	Y	G3 - Gen Man FS	\$0.00	1	10/01/2007	12/31/9999

Department of Health and Human Services
 2021 NH Fee Schedule – Manually Priced Procedures Report
 Selection Criteria



Selection Criteria Type	Selection Criteria Field	Selection Criteria Value / Business Rule
Report Description	This report lists manually priced procedure data by Benefit Plan. It is generated at least annually and posted to the external website.	
System Generated	Cognos User ID:	SPRATT01
System Generated	As of Date:	07/01/2021
Prompt	LOB Cd:	= MED - NHMEDICAID
Prompt	BP ID:	= ECICP, ECIHC, ECIMLC
Prompt	Prcng End Dt:	>= 07/01/2021