

## Payment Policy: Manual Pricing

Reference Number: NH.PP.22

Product Types: NH Medicaid

Effective Date: 01/01/2026

Last Review Date: 01/29/2026

[Coding Implications](#)  
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Policy Overview

This policy has been established to define NH Healthy Families' payment structure for manually priced codes.

### Application

Durable Medical Equipment (DME) providers.

Air Ambulance providers.

Telehealth E&M services (98000-98015).

### Reimbursement

#### *Durable Medical Equipment*

Effective January 1, 2026, covered, non-priced services and procedures shall be reimbursed at 60% of the Medicare rate in effect at the time the rate is established. NH Healthy Families will review and update these rates on a quarterly basis, in alignment with the current Medicare rates published by the Centers for Medicare & Medicaid Services (CMS), available at:

<https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule>

Effective for services rendered on or after January 1, 2025, NH Healthy Families will reimburse providers 100% of billed charges for Durable Medical Equipment (DME) items that NH Healthy Families considers manually priced codes, which excludes those prices by Medicare as above.

Provider must bill all manually priced codes as outlined below:

1. Billed charges should equal 75% of Manufacturer's Suggested Retail Price (MSRP); or
2. Billed charges should equal invoice plus 10%

MSRP pricing is preferred if available.

Invoices will no longer be required upon claim submission. NH Healthy Families has the right to request invoices for verification via post-pay audit procedures. Provider must bill HCPCS codes in accordance with regulatory requirements, billing requirements, provider manual, and billing manual for NH Healthy Families.

#### *Air Ambulance*

Effective January 1, 2026, covered, non-priced services and procedures shall be reimbursed at 60% of the Medicare rate in effect at the time the rate is established. NH Healthy Families will

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review and update these rates on a quarterly basis, in alignment with the current Medicare rates published by the Centers for Medicare & Medicaid Services (CMS), available at:

<https://www.cms.gov/medicare/payment/fee-schedules/ambulance/ambulance-fee-schedule-public-use-files>

If not priced by Medicare, NH Healthy Families will default to 25% of billed charges for air ambulance services.

#### *Telehealth Services*

New Hampshire Medicaid does not utilize the new American Medical Association (AMA) CPT codes (98000-98015) for E&M telehealth services. When performing E&M services via telehealth, providers should continue to use the appropriate E&M codes with appropriate telehealth modifier(s) depending on the conditions of the appointment (i.e., video and audio, audio only, etc.) and Place of Service Codes.

New Hampshire MMIS has retained coverage of telehealth codes 98000-98015 but considers them manually priced. Effective April 1, 2026, NH Healthy Families shall reimburse these codes at the rate of 100% of Medicaid for the applicable crosswalked E&M code, as demonstrated below:

#### New Patients:

Coding by MDM	Coding by Total Time (Min. Minutes)	E&M Code	Telehealth Code – A/V	Telehealth Code – Audio Only
Straightforward	15	99202	98000	98008
Low	30	99203	98001	98009
Moderate	45	99204	98002	98010
High	60	99205	98003	98011

#### Existing Patients:

Coding by MDM	Coding by Total Time (Min. Minutes)	E&M Code	Telehealth Code – A/V	Telehealth Code – Audio Only
Straightforward	15	99212	98004	98012
Low	30	99213	98005	98013
Moderate	45	99214	98006	98014
High	60	99215	98007	98015

NH Healthy Families shall maintain these rates in alignment with any updates made to the E&M codes by New Hampshire MMIS.

#### **Coding and Modifier Information**

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descriptions are from current 2024 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**Documentation Requirements**

Not Applicable

**Additional Information**

Not Applicable

**Related Documents or Resources**

Not Applicable

**References**

<b>Revision History</b>	
10/18/2024	Policy Creation
10/15/2025	Updated policy to include Air Ambulance and Medicare default rates
1/29/2025	Policy name change; included telehealth services

**Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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