Line of Business: MED - NH MEDICAID
Department of Health and Human Services
Primary Care and Prevention Focused Model of Care
Effective 10/01/2026

Proc Cd	Proc Mod	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
36416		Collj capillary blood spec	N	G1 - Gen Fee	$13.13	999	07/01/2023	12/31/9999
83655		Assay of lead	N	G1 - Gen Fee	$10.48	2	01/01/2025	12/31/9999
96110		Developmental screen w/score	N	G1 - Gen Fee	$5.48	2	07/01/2023	12/31/9999
96127		Brief emotional/behav assmt	N	G1 - Gen Fee	$3.50	1	07/01/2023	12/31/9999
96160		Pt-focused hlth risk assmt	N	G1 - Gen Fee	$14.39	1	09/01/2024	12/31/9999
99202	33	Office/outpatient visit new	N	G1 - Gen Fee	$54.63	1	09/01/2024	12/31/9999
99203	33	Office/outpatient visit new	N	G1 - Gen Fee	$64.45	1	09/01/2024	12/31/9999
99204	33	Office/outpatient visit new	N	G1 - Gen Fee	$87.75	1	09/01/2024	12/31/9999
99205	33	Office/outpatient visit new	N	G1 - Gen Fee	$106.14	1	09/01/2024	12/31/9999
99211	33	Office/outpatient visit est	N	G1 - Gen Fee	$34.74	1	09/01/2024	12/31/9999
99212	33	Office/outpatient visit est	N	G1 - Gen Fee	$51.89	1	09/01/2024	12/31/9999
99213	33	Office/outpatient visit est	N	G1 - Gen Fee	$64.62	1	09/01/2024	12/31/9999
99214	33	Office/outpatient visit est	N	G1 - Gen Fee	$89.88	1	09/01/2024	12/31/9999
99215	33	Office/outpatient visit est	N	G1 - Gen Fee	$100.01	1	09/01/2024	12/31/9999
99381		Init pm e/m new pat infant	N	G1 - Gen Fee	$49.05	999	07/01/2023	12/31/9999
99381	33	Init pm e/m new pat infant	N	G1 - Gen Fee	$66.90	1	09/01/2024	12/31/9999
99382		Init pm e/m new pat 1-4 yrs	N	G1 - Gen Fee	$49.05	1	07/01/2023	12/31/9999
99382	33	Init pm e/m new pat 1-4 yrs	N	G1 - Gen Fee	$66.90	1	09/01/2024	12/31/9999
99383		Prev visit new age 5-11	N	G1 - Gen Fee	$49.05	1	07/01/2023	12/31/9999
99383	33	Prev visit new age 5-11	N	G1 - Gen Fee	$66.90	1	09/01/2024	12/31/9999
99384		Prev visit new age 12-17	N	G1 - Gen Fee	$51.50	1	07/01/2023	12/31/9999
99384	33	Prev visit new age 12-17	N	G1 - Gen Fee	$69.35	1	09/01/2024	12/31/9999
99385		Prev visit new age 18-39	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99385	33	Prev visit new age 18-39	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99386		Prev visit new age 40-64	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99386	33	Prev visit new age 40-64	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99387		Init pm e/m new pat 65+ yrs	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99387	33	Init pm e/m new pat 65+ yrs	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99391		Per pm reeval est pat infant	N	G1 - Gen Fee	$67.95	1	07/01/2023	12/31/9999
99391	33	Per pm reeval est pat infant	N	G1 - Gen Fee	$85.80	1	09/01/2024	12/31/9999
99392		Prev visit est age 1-4	N	G1 - Gen Fee	$67.95	1	07/01/2023	12/31/9999
99392	33	Prev visit est age 1-4	N	G1 - Gen Fee	$85.80	1	09/01/2024	12/31/9999
99393		Prev visit est age 5-11	N	G1 - Gen Fee	$67.95	1	07/01/2023	12/31/9999
99393	33	Prev visit est age 5-11	N	G1 - Gen Fee	$85.80	1	09/01/2024	12/31/9999
99394		Prev visit est age 12-17	N	G1 - Gen Fee	$67.95	1	07/01/2023	12/31/9999
99394	33	Prev visit est age 12-17	N	G1 - Gen Fee	$85.80	1	09/01/2024	12/31/9999

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99395		Prev visit est age 18-39	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99395	33	Prev visit est age 18-39	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99396		Prev visit est age 40-64	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99396	33	Prev visit est age 40-64	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99397		Per pm reeval est pat 65+ yr	N	G1 - Gen Fee	$44.15	1	07/01/2023	12/31/9999
99397	33	Per pm reeval est pat 65+ yr	N	G1 - Gen Fee	$62.00	1	09/01/2024	12/31/9999
99401		Prev med cnsl indiv apprx 15	N	G1 - Gen Fee	$18.40	1	07/01/2023	12/31/9999
99402		Prev med cnsl indiv apprx 30	N	G1 - Gen Fee	$30.65	1	07/01/2023	12/31/9999
99403		Prev med cnsl indiv apprx 45	N	G1 - Gen Fee	$49.05	1	07/01/2023	12/31/9999
99404		Prev med cnsl indiv apprx 60	N	G1 - Gen Fee	$61.32	1	07/01/2023	12/31/9999
99406		Behav chng smoking 3-10 min	N	G1 - Gen Fee	$11.63	1	09/01/2024	12/31/9999
99407		Behav chng smoking > 10 min	N	G1 - Gen Fee	$17.88	1	07/01/2023	12/31/9999
99408		Audit/dast 15-30 min	N	G1 - Gen Fee	$40.87	1	07/01/2023	12/31/9999
99409		Audit/dast over 30 min	N	G1 - Gen Fee	$78.43	1	07/01/2023	12/31/9999
99411		Preventive counseling group	N	G1 - Gen Fee	$8.59	1	07/01/2023	12/31/9999
99412		Preventive counseling group	N	G1 - Gen Fee	$12.13	1	07/01/2023	12/31/9999
99415		Prolong clincl staff svc	N	G1 - Gen Fee	$6.19	1	07/01/2023	12/31/9999
99416		Prolong clincl staff svc add	N	G1 - Gen Fee	$0.44	999	07/01/2023	12/31/9999
99424		Prin care mgmt phys 1st 30	N	G1 - Gen Fee	$65.49	1	09/01/2024	12/31/9999
99425		Prin care mgmt phys ea addl	N	G1 - Gen Fee	$47.62	2	09/01/2024	12/31/9999
99426		Prin care mgmt staff 1st 30	N	G1 - Gen Fee	$49.21	1	09/01/2024	12/31/9999
99427		Prin care mgmt staff ea addl	N	G1 - Gen Fee	$37.65	2	09/01/2024	12/31/9999
99437		Chrnc care mgmt phys ea addl	N	G1 - Gen Fee	$47.34	2	09/01/2024	12/31/9999
99439		Chrnc care mgmt svc ea addl	N	G1 - Gen Fee	$38.20	2	09/01/2024	12/31/9999
99484		Care mgmt svc bhvl hlth cond	N	G1 - Gen Fee	$48.56	1	09/01/2024	12/31/9999
99487		Prev med cnsl indiv apprx 60	N	G1 - Gen Fee	$107.12	1	09/01/2024	12/31/9999
99489		Cmplx chron care addl 30 min	N	G1 - Gen Fee	$57.64	10	09/01/2024	12/31/9999
99490		Chron care mgmt srvc 20 min	N	G1 - Gen Fee	$49.78	1	09/01/2024	12/31/9999
99491		Chrnc care mgmt svc 30 min	N	G1 - Gen Fee	$67.10	1	09/01/2024	12/31/9999
99495		Trans care mgmt 14 day disch	N	G1 - Gen Fee	$165.09	1	09/01/2024	12/31/9999
99496		Transj care mgmt high f2f 7d	N	G1 - Gen Fee	$223.29	1	09/01/2024	12/31/9999
99605		Mtms by pharm np 15 min	N	G1 - Gen Fee	$17.85	1	09/01/2024	12/31/9999
99606		Mtms by pharm est 15 min	N	G1 - Gen Fee	$17.85	1	09/01/2024	12/31/9999
99607		Mtms by pharm addl 15 min	N	G1 - Gen Fee	$17.85	1	09/01/2024	12/31/9999
G0442		Annual alcohol screen 15 min	N	G1 - Gen Fee	$15.24	1	09/01/2024	12/31/9999
G0443		Brief alcohol misuse counsel	N	G1 - Gen Fee	$19.81	1	09/01/2024	12/31/9999

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G0444		Depression screen annual	N	G1 - Gen Fee	$15.24	1	09/01/2024	12/31/9999
G0447		Behavior counsel obesity 15m	N	G1 - Gen Fee	$20.08	2	09/01/2024	12/31/9999
G0473		Group behave couns 2-10	N	G1 - Gen Fee	$9.78	2	09/01/2024	12/31/9999

*Use of modifier 33 indicates that the visit included comprehensive medication review (CMR)