



New Hampshire Department of Health and Human Services
 Services under consideration for Electronic Visit Verification (EVV)*

Program/ Waiver	Service Description	MMIS Procedure Code	MMIS Mod1	MMIS Mod2	MMIS Mod3	MMIS Mod4
CFI	Skilled Nurse Per Visit	T1030	HC			
CFI	PDMS Skilled Nursing	T1030	HC	U1		
CFI	Home Health Aide Per Visit	T1021	HC			
CFI	Home Health Aide 8+ Units	G0156	HC	U1		
CFI	PDMS Home Health Aide	G0156	HC	U3		
CFI	Personal Care Agency Directed	T1019	HC	U1		
CFI	Personal Care Consumer Directed	T1019	HC	U2		
CFI	Personal Care PDMS	T1019	HC	U3		
CFI	Personal Care Special Rate	T1019	HC	U4		
CFI	Respite Care Services	T1005	HC			
CFI	Respite Care Special Rates	T1005	HC	U1		
CFI	PDMS Respite Care	T1005	HC	U2		
State Plan	Skilled Nurse Per Visit	T1030				
State Plan	Private Duty RN	S9123				
State Plan	Private Duty RN - Night/Weekend	S9123	U1			
State Plan	Private Duty RN - Intensive	S9123	U4			
State Plan	Private Duty LPN	S9124				
State Plan	Private Duty LPN - Night/Weekend	S9124	U1			
State Plan	Private Duty LPN - Intensive	S9124	U4			
State Plan	Home Health Aide Per Visit	T1021				
State Plan	Home Health Aide 8+ Units	G0156				
State Plan	Home Health Aide 8+ Units Multiple Clients	G0156	TT			
State Plan	Personal Care Attendant Services	T1019				
State Plan	Personal Care Attendant Services Multiple Clients	T1019	TT			
State Plan	Personal Care Attendant Services PA Required	T1019	U1			
State Plan	Occupational Therapy (OT)	G0152				
State Plan	Physical Therapy (PT)	G0151				
State Plan	Speech Therapy	G0153				
State Plan	Speech/Hearing Therapy	92507				
State Plan	Speech/Hearing Therapy per Visit	92508				
State Plan	Evaluation of Speech Fluency	92521				
State Plan	Speech Sound Language Comprehension	92523				
State Plan	Therapeutic Exercises	97110				
State Plan	PT Eval Low Complex 20 min	97161				
State Plan	PT Eval Moderate Complex 30 min	97162				
State Plan	PT Eval High Complex 45 min	97163				
State Plan	OT Eval Low Complex 30 min	97165				
State Plan	OT Eval Moderate Complex 45 min	97166				
State Plan	OT Eval High Complex 60 min	97167				
State Plan	Therapeutic Activities	97530				
State Plan	Postnatal Home Visit	99501				
State Plan	Newborn Care Home Visit	99502				

PDMS – Participant Directed and Managed Services

*This list is subject to change.

EVV applies when the service is provided in the home.

Updated January 4, 2024

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