

**Services Associated with the Nursing Facility Per Diem
ICF, ICF-Atypical, ICF-MR, SNF, SNF-Atypical**

Item	Incl in the Per Diem	Corresponding Rule Citation	Comments
Alcohol, swabs and rubbing	Yes	He-E 806.06 Routine Services	
Alt. Pressure pad/pump	Yes	He-E 806.06 Routine Services	
Alternating pressure pads, air mattresses, "egg crate" mattresses, gel mattresses	Yes	He-E 806.06 Routine Services	
Amputee Kits	No	He-W 571, DME	Refer to DME Services
Apnea electrodes/leads	Yes	He-E 806.06 Routine Services	
Apnea Monitors	Yes	He-E 806.06 Routine Services	
Applicators	Yes	He-E 806.06 Routine Services	
Audiology Services	Yes	He-E 806.08 Ancillary Services	
Bandages (Kling)	Yes	He-E 806.06 Routine Services	
Band Aids	Yes	He-E 806.06 Routine Services	
Basins	Yes	He-E 806.06 Routine Services	
Battery Charger for wheelchair/power chair	No	He-W 571 DME	Refer to DME Services
Bed pans	Yes	He-E 806.06 Routine Services	
Bed rails	Yes	He-E 806.06 Routine Services	
Beds (standard hospital type, not therapy beds)	Yes	He-E 806.06 Routine Services	
Beds, specialty, i.e.: Clinitron	No	He-W 571 DME	Rental only for care of wounds acquired pre-LTC admission
Betadine solution	Yes	He-E 806.06 Routine Services	
BIPAP/CPAP	Yes	He-E 806.06 Routine Services	
BIPAP/CPAP supplies	Yes	He-E 806.06 Routine Services	
Blood pressure equipment	Yes	He-E 806.06 Routine Services	
Bottles (water)	Yes	He-E 806.06 Routine Services	
Canes	Yes	He-E 806.06 Routine Services	
Catheters & supplies (urinary; intermittent; indwelling; drain bags; strapping; tubing; irrigation supplies: syringes & sterile water)	Yes	He-E 806.06 Routine Services	
Chairs (standard, geriatric, recliner, with seat lift mechanism)	Yes	He-E 806.06 Routine Services	

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Combs	Yes	He-E 806.06 Routine Services	
Commodes	Yes	He-E 806.06 Routine Services	
Corner chair	Yes	He-E 806.06 Routine Services	
Cotton	Yes	He-E 806.06 Routine Services	
Cotton tipped applicators – sterile	Yes	He-E 806.06 Routine Services	
Crutches (Canadian, standard)	Yes	He-E 806.06 Routine Services	
Dental Services – Dentures	No	Medicaid State Plan	Refer to Dental Unit
Dental Services – Extractions	Yes	He-E 806.06 Routine Services	For treatment of acute pain or infection
Dental Services – Restorations	No	Medicaid State Plan	Refer to Dental Unit
Diabetic test strips/supplies	Yes	He-E 806.06 Routine Services	
Dietary supplements	Yes	He-E 806.06 Routine Services	
Disinfectants	Yes	He-E 806.06 Routine Services	
Disposable Diapers	Yes	He-E 806.06 Routine Services	
Douche trays (disposable)	Yes	He-E 806.06 Routine Services	
Dressings	Yes	He-E 806.06 Routine Services	
Enema equipment	Yes	He-E 806.06 Routine Services	
Enteral feedings, supplies and equipment	Yes	He-E 806.06 Routine Services	
Gauze bandages (sterile or unsterile)	Yes	He-E 806.06 Routine Services	
General services incl: Oxygen & related medication administration; hand feeding; incontinency care; tray services; enemas	Yes	He-E 806.06 Routine Services	
Gloves (sterile or unsterile)	Yes	He-E 806.06 Routine Services	
Glucometer	Yes	He-E 806.06 Routine Services	
Gowns	Yes	He-E 806.06 Routine Services	
Hearing Aids	No	He-W 571, DME/PA	Refer to DME Services
Hemorrhoidal preparations	No	He-E 806.09 Drugs and Institutional Pharmacy Costs	Refer to Pharmacy Services

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		He-W 570 Pharmacy Services	
High Frequency Compression Vests	Yes	He-E 806.06 Routine Services	
Hoyer slings (all types)	Yes	He-E 806.06 Routine Services	
Hygiene and grooming supplies: Supplies for routine shaving, shampooing, bathing, & nail clipping unless specified as a separately covered service by a podiatrist). This includes shampoo, ie: regular, medicated and no tears – baby shampoo.	Yes	He-E 806.06	
Ice bags	Yes	He-E 806.06 Routine Services	
Incontinent supplies (full brief – all sizes, beds pads, undergarment liners - disposable or reusable, under pads)	Yes	He-E 806.06 Routine Services	
Invalid ring	Yes	He-E 806.06 Routine Services	
Irrigation trays	Yes	He-E 806.06 Routine Services	
IV equipment including pump, supplies, tubing	Yes	He-E 806.06 Routine Services	Pumps are paid for in addition to the per diem for Cedarcrest, only
Ketostix	Yes	He-E 806.06 Routine Services	
Lambskin pad	Yes	He-E 806.06 Routine Services	
Laundry services - personal (supplies and equipment)	Yes	He-E 806.06 Routine Services	
Lumbar pillows	Yes	He-E 806.06 Routine Services	
Lymphadema pads	Yes	He-E 806.06 Routine Services	
Medicated mist equipment	Yes	He-E 806.06 Routine Services	
Mouthwash	Yes	He-E 806.06 Routine Services	
Nebulizer - machine and supplies (IPPB equipment, PA 400 compressors, tubing, aerosol dispenser, water, mask)	Yes	He-E 806.06 Routine Services	
Nebulizer - medication	No	He-E 806.09 Drugs & Institutional Pharmacy Costs He-W 570 Pharmacy Services	Refer to Pharmacy Services
Ophthalmic lubricants (tears, ointments)	No	He-E 806.09 Drugs & Institutional Pharmacy Costs	Refer to Pharmacy Services

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		He-W 570 Pharmacy Services	
Ostomy supplies (bags, tubing, drainage, care, barriers w/or w/o flanges, wipes, adhesives)	Yes	He-E 806.06 Routine Services	
Oximeter – machine and supplies (probes - reusable or disposable, breathing circuits)	Yes	He-E 806.06 Routine Services	
Oxygen (contents, face mask, nasal cannula, tent, concentrators)	Yes	He-E 806.06 Routine Services He-E 806.08 Ancillary Services	
Parenteral solutions, supplies and equipment	Yes	He-E 806.06 Routine Services	
Pillows	Yes	He-E 806.06 Routine Services	
Pitchers (water)	Yes	He-E 806.06 Routine Services	
Podiatry	No		Direct billed to the Medicaid Program.
Portable E Set-up, oxygen	Yes	He-E 806.06 Routine Services	
Positioning devices – non-custom (basic wedges for beds/cribs, basic blocks for WC/ Geri-chairs)	Yes	He-E 806.06 Routine Services	
Powders (medicated and baby)	Yes	He-E 806.06 Routine Services	
Prone boards	Yes	He-E 806.06 Routine Services	
Replacement mattresses	Yes	He-E 806.06 Routine Services	
Respiratory supplies	Yes	He-E 806.06 Routine Services	
Restraints (posey, thoracic chest supports, tilt in space chairs, wedge pillows, gait belts, etc.)	Yes	He-E 806.06 Routine Services	
Re-usable diapers	Yes	He-E 806.06 Routine Services	
Sheepskin	Yes	He-E 806.06 Routine Services	
Shower chairs	Yes	He-E 806.06 Routine Services	
Soap (regular, hypoallergenic)	Yes	He-E 806.06 Routine Services	
Special dietary supplements	Yes	He-E 806.06 Routine Services	
Specimen containers	Yes	He-E 806.06 Routine Services	
Stethoscope	Yes	He-E 806.06 Routine Services	

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Item	Incl in the Per Diem	Corresponding Rule Citation	Comments
Stockings – gradient (basic stockings - non-custom made)	Yes	He-E 806.06 Routine Services	
Suction machine	Yes	He-E 806.06 Routine Services	
Sunscreen	Yes	He-E 806.06 Routine Services	
Suture sets	Yes	He-E 806.06 Routine Services	
Swabs, medicated or unmedicated	Yes	He-E 806.06 Routine Services	
Syringes and needles	Yes	He-E 806.06 Routine Services	
Tapes	Yes	He-E 806.06 Routine Services	
Testing materials - used by staff or facility	Yes	He-E 806.06 Routine Services	
Thermometers	Yes	He-E 806.06 Routine Services	
Tissues	Yes	He-E 806.06 Routine Services	
Tongue depressors	Yes	He-E 806.06 Routine Services	
Toothbrush	Yes	He-E 806.06 Routine Services	
Toothpaste and denture cleanser	Yes	He-E 806.06 Routine Services	
Towels, washcloths	Yes	He-E 806.06 Routine Services	
Tracheotomy - specialized	No	He-W 571, DME/PA	Refer to DME Services
Tracheotomy - suction machine and supplies (catheters, collars, tubing, care kits, cleaning brushes)	Yes	He-E 806.06 Routine Services	Facility-owned machine
Traction equipment	Yes	He-E 806.06 Routine Services	
Transfer boards	Yes	He-E 806.06 Routine Services	
Transportation of residents to medical office or hospital when using a facility-owned vehicle Transportation of laboratory specimens when using a facility-owned vehicle	Yes	He-E 806.06	Emergency transportation by ambulance is not included in the rate. Wheelchair van transportation is not included in the rate unless the NF owns the van. (He-E 806.11)
Trapezes	Yes	He-E 806.06 Routine Services	
Tub seats	Yes	He-E 806.06 Routine Services	
Urinals	Yes	He-E 806.06 Routine Services	
Ventilators and related supplies	Yes	He-E 806.06	Ventilator care is included in the

**Services Associated with the Nursing Facility Per Diem
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Item	Incl in the Per Diem	Corresponding Rule Citation	Comments
		Routine Services	specialized per diem rate set for: Cedarcrest, Crotched Mountain, Laconia Rehab Ctr and Edgewood
Walkers	Yes	He-E 806.06 Routine Services	
Walkers – wheeled	Yes	He-E 806.06 Routine Services	
Wheelchair cushion – standard	Yes	He-E 806.06 Routine Services	
Wheelchairs - powered	No	He-W 571, DME/PA	Refer to DME Services
Wheelchairs – standard (including those with removable arms and leg rests, pediatric, “hemi” chairs, reclining wheelchairs)	Yes	He-E 806.06 Routine Services	
Wound vac, and related supplies for decubiti acquired post-admission	Yes		
Wound vac, and related supplies for decubiti acquired pre-admission	No	He-W 571, DME/PA	Prior authorization requirements apply if wound is acquired pre-admission or during an acute care episode,.

Bed Type	Rule Citation	Rule Language
ICF SNF Atypical	He-E 806.06 Routine Services.	(1) All general nursing services including, but not limited to, administration of oxygen and related medications, hand feeding, incontinency care, and tray service;
		(2) Items furnished routinely and commonly to most or all residents, such as resident gowns, water pitchers, and basins;
		(3) Routine personal hygiene and grooming supplies such as deodorant, lotion, shampoo, soap and toothpaste;
		(4) Medical supplies, pharmaceutical items, and non-legend drugs, that is, drugs prescribed by a licensed practitioner that are normally purchased over the counter, which are stocked at nursing stations or on the floor in gross supply and distributed individually in small quantities;
		(5) Laundry services for routine NF requirements and residents’ personal clothing; and
		(6) Routine and emergency dental services defined by the Medicaid State Plan rendered to NF residents.
	He-E 806.07 Physician Services, Psychologist Services and Pharmacist Consultant Services.	(a) The cost of physician or psychologist services performed in rendering direct resident care shall not be allowable in the per diem rate.
		(b) The cost of indirect services performed in an administrative or advisory capacity, such as the cost of a medical director or a consultant psychologist, or the cost of a pharmacist consultant rendering administrative services and drug reviews shall be included in the per diem rate.

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Bed Type	Rule Citation	Rule Language
	He-E 806.08 Ancillary Services.	(a) The costs of ancillary services provided by the facility, except for prescribed drugs, shall be included in the NF rate determination.
		(b) Ancillary services shall include, but not be limited to: (1) Occupational therapy; (2) Physical therapy; (3) Speech therapy; (4) Inhalation therapy, including oxygen costs; (5) Laboratory; and (6) Radiology.
		(c) The net cost of Medicaid ancillary services not previously reimbursed by another payor source shall be included in the NF rate determination, provided that NF's maintain revenue and cost data of all ancillary services provided to Medicaid residents of the facility separately from all other ancillary services and costs.
	He-E 806.09 Drugs and Institutional Pharmacy Costs.	The cost of operating an institutional pharmacy and the cost or charges of prescribed legend drugs shall not be an allowable cost in the per diem rate as the NH Medicaid program reimburses these costs to the provider of these services through a direct billing process on a fee for service basis in accordance with He-W 570Pharmacy Services.
	He-E 806.10 Barber and Beauty Services.	(a) The direct costs of barber and beauty services shall be non-allowable for purposes of Medicaid reimbursement.
		(b) The fixed costs for space and equipment related to providing the services described in (a) above shall be allowable.

Bed Type	Rule Citation	Rule Language
Atypical	He-E 806.36 Rate Setting and Payment Limitations for Atypical Nursing Care	(1) Include routine care costs, ancillary costs and capital costs; (2) Take into consideration any additional amount necessary to assure access to necessary and appropriate services for NH Medicaid residents with specialized care needs;