



State of Vermont  
Agency of Human Services  
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Waterbury, VT 05671-1000

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# Global Commitment Register

August 23, 2022

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GCR 22-054  
FINAL

## **Department of Mental Health Fee-For-Service Rate Increase**

### **Policy Summary:**

The Vermont Medicaid program increased fee-for-service rates for Department of Mental Health (DMH) funded services. As part of the state fiscal year 2023 budget appropriation, the Vermont Legislature provided an 8% increase in Medicaid funding for these services delivered by Designated Agencies. A chart of impacted services and their new rates is available below.

### **Effective Date:**

July 1, 2022

### **Authority/Legal Basis:**

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

[Act 185 of the 2022 Legislative Session](#)

### **Population Affected:**

All Medicaid

### **Fiscal Impact:**

The estimated gross annualized budget impact is \$140,000.

### **Public Comment Period:**

The public comment period ended August 1, 2022. No comments were received.

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

### **Additional Information:**

See the fee-for-service rate changes for SFY 2023 on the following page.

SERVICE DESCRIPTION	Procedure codes	FY23 Rates as of 7/1/22	BILLING UNIT	PROVIDER TYPE	PROVIDER SPECIALTY	TELEMEDICINE ALLOWED?
<b>EVALUATION AND MANAGEMENT CODES:</b>						
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99202	90.27	Refer to AMA manual	37	S12	YES
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99203	125.29	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99204	214.37	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99205	276.02	Refer to AMA manual	37	S12	YES
Estab Patient Minimal problem, physician need not be present, key components not required	99211	9.63	Refer to AMA manual	37	S12	YES
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99212	26.34	Refer to AMA manual	37	S12	YES
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	53.89	Refer to AMA manual	37	S12	YES
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	83.19	Refer to AMA manual	37	S12	YES
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	117.21	Refer to AMA manual	37	S12	YES
<b>PSYCHIATRY:</b>						
	<b>Approp E/M</b>					
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	127.77	Refer to AMA manual	37	S12	YES
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	131.90	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	53.40	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	124.57	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	166.08	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY- without patient present	90846	166.08	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY - with patient present	90847	166.08	Refer to AMA manual	37	S12	YES
GROUP PSYCHOTHERAPY	90853	52.30	1 unit=1 session	37	S12	YES
ADD ON USED WITH E/M 30 min psychotherapy	90833	44.93	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 45 min psychotherapy	90836	114.36	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 60 min psychotherapy	90838	152.47	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M Interactive complexity	90785	5.11	Refer to AMA manual	37	S12	YES
<b>OFFICE CONSULTATION CODES:</b>						
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	53.84	Refer to AMA manual	37	S12	YES
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	112.94	Refer to AMA manual	37	S12	YES
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	157.60	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	250.88	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99245	311.17	Refer to AMA manual	37	S12	YES
<b>ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE</b>						
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT	H0035	299.75	1 unit = 15 min	37	S12	YES
<b>COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY</b>	H2010	70.25	1 unit=1 session	37	S12	YES
<b>CRISIS INTERVENTION SERVICES</b>	H2011	74.54	Refer to DMH Medicaid Manual	37	S12	YES
<b>SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT</b>	H2014	11.70	Refer to DMH Medicaid Manual	37	S12	NO
<b>COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES</b>	H2015	31.59	1 unit = 15 min	37	S12	NO
<b>PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE</b>	H2017	31.59	Refer to DMH Medicaid Manual	37	S12	NO
<b>NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE</b>	T2003	18.77	1 unit = 1 trip	37	S12	NO