



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

June 30, 2023

GCR 23-068
PROPOSED

Department of Mental Health Fee-For-Service Rate Increase

Policy Summary:

The Vermont Medicaid program proposes to increase fee-for-service rates for Department of Mental Health (DMH) funded services. In alignment with H.494 of the 2023 legislative session, these services will receive a 5% rate increase. A chart of impacted services and their new rates is available below.

Effective Date: July 1, 2023

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.

[H.494 of the 2023 Legislative Session](#)

Population Affected: All Medicaid

Fiscal Impact: The estimated gross annualized budget impact is \$48,600.

Public Comment Period:

June 30, 2023 – July 31, 2023

Send comments to:

Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

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

SERVICE DESCRIPTION	Procedure codes	FY24 Rates as of 7/1/23	BILLING UNIT	PROVIDER TYPE	PROVIDER SPECIALTY	TELEMEDICINE ALLOWED?
EVALUATION AND MANAGEMENT CODES:						
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99202	94.78	Refer to AMA manual	37	S12	YES
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99203	131.56	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99204	225.09	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99205	289.82	Refer to AMA manual	37	S12	YES
Estab Patient Minimal problem, physician need not be present, key components not required	99211	10.12	Refer to AMA manual	37	S12	YES
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99212	27.66	Refer to AMA manual	37	S12	YES
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	56.59	Refer to AMA manual	37	S12	YES
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	87.35	Refer to AMA manual	37	S12	YES
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	123.07	Refer to AMA manual	37	S12	YES
PSYCHIATRY:						
	Approp E/M					
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	134.16	Refer to AMA manual	37	S12	YES
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	138.50	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	56.06	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	130.80	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	174.39	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY- without patient present	90846	174.39	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY - with patient present	90847	174.39	Refer to AMA manual	37	S12	YES
GROUP PSYCHOTHERAPY	90853	54.92	1 unit=1 session	37	S12	YES
ADD ON USED WITH E/M 30 min psychotherapy	90833	47.17	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 45 min psychotherapy	90836	120.08	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 60 min psychotherapy	90838	160.10	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M Interactive complexity	90785	5.36	Refer to AMA manual	37	S12	YES
OFFICE CONSULTATION CODES:						
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	56.53	Refer to AMA manual	37	S12	YES
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	118.58	Refer to AMA manual	37	S12	YES
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	165.48	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	263.43	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99245	326.73	Refer to AMA manual	37	S12	YES
ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE						
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT	H0007	78.27	1 unit = 15 min	37	S12	YES
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT	H0035	314.74		37	S12	YES
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY						
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY	H2010	73.77	1 unit=1 session	37	S12	YES
CRISIS INTERVENTION SERVICES						
CRISIS INTERVENTION SERVICES	H2011	78.27	Refer to DMH Medicaid Manual	37	S12	YES
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT						
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT	H2014	12.28	Refer to DMH Medicaid Manual	37	S12	NO
COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES						
COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	H2015	33.17	1 unit = 15 min	37	S12	NO
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE						
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE	H2017	33.17	Refer to DMH Medicaid Manual	37	S12	NO
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE						
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE	T2003	19.71	1 unit = 1 trip	37	S12	NO