



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

Global Commitment Register

June 28, 2024

GCR 24-069
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 by 3%. This increase is a result of funds appropriated by the legislature in Bill H.883. A chart of impacted services and their new rates is available below.

Effective Date:

July 1, 2024

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.883 of the 2024 Legislative Session](#)

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$35,302.

Public Comment Period:

June 28, 2024 - July 28, 2024

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:

[Department of Mental Health -Website](#)

See the Fee-for-Service Rate Sheet on the following page.

FY 25 Fee for Service Rate Sheet

3.00%

SERVICE DESCRIPTION	Procedure codes	FY25 Rates as of 7/1/24	BILLING UNIT	PROVIDER TYPE	PROVIDER SPECIALTY	TELEMEDICINE ALLOWED?
EVALUATION AND MANAGEMENT CODES:						
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99202	97.62	Refer to AMA manual	37	S12	YES
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99203	135.50	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99204	231.84	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99205	298.51	Refer to AMA manual	37	S12	YES
Estab Patient Minimal problem, physician need not be present, key components not required	99211	10.42	Refer to AMA manual	37	S12	YES
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99212	28.49	Refer to AMA manual	37	S12	YES
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	58.28	Refer to AMA manual	37	S12	YES
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	89.97	Refer to AMA manual	37	S12	YES
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	126.77	Refer to AMA manual	37	S12	YES
PSYCHIATRY:						
	Approp E/M					
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	138.19	Refer to AMA manual	37	S12	YES
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	142.65	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	57.75	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	134.72	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	179.62	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY- without patient present	90846	179.62	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY - with patient present	90847	179.62	Refer to AMA manual	37	S12	YES
GROUP PSYCHOTHERAPY	90853	56.57	1 unit=1 session	37	S12	YES
ADD ON USED WITH E/M 30 min psychotherapy	90833	48.59	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 45 min psychotherapy	90836	123.68	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 60 min psychotherapy	90838	164.90	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M Interactive complexity	90785	5.52	Refer to AMA manual	37	S12	YES
OFFICE CONSULTATION CODES:						
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	58.23	Refer to AMA manual	37	S12	YES
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	122.14	Refer to AMA manual	37	S12	YES
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	170.45	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	271.33	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99245	336.53	Refer to AMA manual	37	S12	YES
ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE						
	H0007	80.62	1 unit = 15 min	37	S12	YES
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT						
	H0035	324.18		37	S12	YES
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY						
	H2010	75.98	1 unit=1 session	37	S12	YES
CRISIS INTERVENTION SERVICES						
	H2011	80.62	Refer to DMH Medicaid Manual	37	S12	YES
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT						
	H2014	12.65	Refer to DMH Medicaid Manual	37	S12	NO
COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES						
	H2015	34.16	1 unit = 15 min	37	S12	NO
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE						
	H2017	34.16	Refer to DMH Medicaid Manual	37	S12	NO
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE						
	T2003	20.30	1 unit = 1 trip	37	S12	NO