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Vermont Medicaid Supervised Billing Manual for Behavioral Health

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

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Section 1 Introduction

This manual is intended for behavioral health services. Supervised billing for behavioral health services means that a qualified licensed provider can bill for covered clinical services within their scope of practice provided by a qualified non-licensed provider when the qualified non-licensed provider is under their direct supervision. Please note, this is for supervised billing only. For information regarding Incident-To billing for licensed physicians, please see the General and Billing Forms Manual, https://vtmedicaid.com/#/manuals.

Requirements as described below apply only to clinical services. Case management, specialized rehabilitation or emergency care, and assessment services, may **NOT** be provided by non-licensed providers under Supervised Billing. The Health Care Administrative Rule 9.103 Supervised Billing and related rules can be found on the Agency of Human Services website at: https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar. Providers' use of supervised billing practices are subject to the requirements of the administrative rule and this manual.

Section 2 Conditions for Supervised Billing

DVHA expects non-licensed providers follow the Office of Professional Regulation (OPR) guidance for their profession. In accordance with OPR's regulations, DVHA allows a qualified licensed provider to bill for clinical services provided by a qualified non-licensed provider as supervised billing. Please refer to the conditions as stated in section 9.103.3 in the above referenced rule, as well as information at OPR: https://sos.vermont.gov/allied-mental-health/.

In addition, the following conditions must be met to bill Vermont Medicaid:

- Effective January 1, 2016, Non-licensed providers engaged in post-degree supervised practice must be listed on the Roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State, https://sos.vermont.gov/allied-mental-health/.
- In response to recent feedback from providers regarding the five-year Medicaid billing provision located in HCAR 9.103.3(c), Vermont Medicaid has issued an extension allowing all Non-Licensed Non-Certified (NLNC) providers to bill Vermont Medicaid for clinical services provided under Supervised Billing until 12/31/25. This extension allows all NLNC providers, who are rostered and otherwise eligible to bill Vermont Medicaid, to provide clinical services and bill under a supervisor, following correct coding and all other requirements in HCAR 9.103 and in this manual.

Exception to the roster requirement:

1. DVHA 'grandfathered' non-licensed providers that submitted a waiver form, during the time DVHA was accepting waiver forms. Those that have been approved, are not subject to the roster requirements as long as the following criteria is met:
2. Employment is maintained with the agency/employer in which they were granted the waiver.
3. Continue education requirements of licensure for profession, as outlined by the Office of Professional Regulation or in the Vermont Department of Health, Division of Substance Use Programs (DSU) Administrative Rules.
4. Maintain records showing attendance and participation in the continuing education activities claimed. Examples of acceptable records include certificates of attendance received during the instruction, receipt of registration and the activity's time schedule, signature of facilitator, or brief summary of the work content. These records are subject to inspection and verification upon request.
5. Must receive supervision meeting the criteria outlined in the 9.103 Administrative rule:
    - 9.103.3(a)(1) Adhere to the supervision requirements specified by his or her scope of practice, including regular, face-to-face ongoing supervision to the qualified non-licensed provider.

Section 3 Procedures for Billing

1. Practices/Agencies must maintain documentation on non-licensed and non-certified providers providing clinical services that includes the following:
    a. Name of rostered, unlicensed provider.
    b. Degree and discipline.
    c. Name of supervising provider.
    d. Status of license-eligibility:
        i. License-eligible.
        ii. Rostered non-licensed and noncertified psychotherapists.
        iii. Psychiatric Nurse Practitioners fulfilling 24 months and 2,400 hours of supervised practice.
        iv. Addiction counselors fulfilling required hours of supervised work experience.
    e. Date when individual was entered on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State, if applicable.
2. Supervising providers must use their unique Medicaid provider number for services provided by unlicensed providers.
    a. For claims submitted to Vermont Medicaid, the following pricing modifiers **must** be used:

Modifier	Definition	Information
HO	Master's Degree Level	*This modifier is required when the claim is for supervised billing when the non-enrolled provider that is rendering the service is "Master's Degree Level." The reimbursement rate is 76% of the fee schedule.*
HN	Bachelor's Degree Level	*This modifier is required when the claim is for supervised billing when the non-enrolled provider that is rendering the service is "Bachelor's Degree Level." The reimbursement rate is 66% of the fee schedule.*
HM	Associate's Degree Level	*This modifier is required when the claim is for supervised billing when the non-enrolled provider that is rendering the service is an "Associate's Degree Level.". T**his modifier should only be used for individuals with an Apprenticed Addiction Professional (AAP) certification**. The reimbursement rate is 56% of the fee schedule.*

    b. Use of the above modifiers by Designated Agencies and Specialized Service Agencies: For any claims submitted to DMH or VDH (preferred providers) fund sources, the modifiers in the above table are required unless billing for Eldercare, Reach Up, or Success Beyond Six services then the modifiers will not be required.
3. In the event of a supervisor's short-term absence (e.g., vacation) where another licensed provider is providing supervision, the documented licensed supervisor should continue to be included on the claim as the provider using the appropriate modifier indicated above. Length of absence appropriate for this approach should be defined in provider's internal policy.

Section 4 Billable Services Provided by Supervised Non-Licensed Providers

Clinical services within the provider's scope of practice, including:

- Diagnostic Evaluation
- Individual Therapy
- Group Therapy
- Family Therapy

Section 5 Non-Reimbursable Services Under Supervised Billing

- Services rendered by any provider who is eligible to be enrolled as a Vermont Medicaid provider but has not applied to be a Vermont Medicaid provider. Once a provider has obtained licensure and is eligible to be enrolled with Vermont Medicaid, they are no longer eligible to bill Vermont Medicaid for clinical services furnished under Supervised Billing.
- Services performed by a non-licensed provider who cannot practice independently and is not actively working toward licensure. Vermont Medicaid expects that a non-licensed and non-certified provider (NLNC) is providing services under Supervised Billing while working toward licensure. A non-licensed and non-certified provider may not provide services under Supervised Billing indefinitely. All NLNC providers have until 12/31/25 to operate under the Supervised Billing extension, at which point, DVHA will outline additional requirements and definitions in HCAR 9.103, including what constitutes working toward licensure.
- Case Management, Specialized Rehabilitation or Emergency Care and Assessment Services. NLNC providers are ineligible to provide case management, specialized rehabilitation, emergency care, or assessment services under Vermont Medicaid.

Section 6 Contact Gainwell Technologies with Questions

Questions with adherence to supervised billing should be addressed to Gainwell Provider Services by calling 800.925.1706. Billing inquiries can also be addressed to the Gainwell Provider Representative assigned to your coverage area: https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf.

Questions about the extension for non-licensed and non-certified providers to continuing billing for clinical services under Supervised Billing until 12/31/25, including questions about how the extension applies retroactively to NLNC providers, should be addressed to the Gainwell Provider Representative assigned to your coverage area. Your Gainwell provider representative will help answer your questions and submit any claims now eligible for reimbursement under the extension.

Section 7 Special Investigations Unit

Vermont Medicaid pays only for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the code(s) should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law 33VSA Sec. 141(d) knowingly to do, attempt, or aid and abet in any of the following when seeking for receiving reimbursement from Vermont Medicaid:

- Billing for services not rendered or more services than actually performed
- Providing and billing for unnecessary services
- Billing for a higher level of services than actually performed
- Charging higher rates for services to Vermont Medicaid than other providers
- Coding billing records to get more reimbursement
- Misrepresenting an unallowable service on bill as another allowable service
- Falsely diagnosing so Vermont Medicaid will pay more for services

For more information on overpayments and potential interest charges, visit the General Provider Manual, section 6. https://vtmedicaid.com/#/manuals

Suspected fraud, waste or abuse should be reported to the DVHA Special Investigations Unit at https://dvha.vermont.gov/providers/special-investigations-unit, telephone 802.241.9210, or the Vermont Medicaid Fraud Control Unit of the Vermont's Attorney General's Office, telephone 802.828.5511.