


# VERMONT

Department of Vermont Health Access (DVHA) <sup>177, 178, 179</sup>

| Assessment & Counseling   | Pharmacotherapy  |  |
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| <p><b>COVERAGE may include:</b></p> <p><b>Preventive Counseling</b><br/>99401-99404, 99385-99387, 99395-99397</p> <p><b>Behavioral Assessment/Intervention</b><br/>G0447, G0473, 96150-96154, 98960-98962*, 99078*, S9445^</p> <ul style="list-style-type: none"> <li>- *Patient education and disease self-management services are included in bundled payment, not individually reimbursable.</li> <li>- ^ Service requires prior authorization.</li> </ul>   | <p><b>NOT COVERED</b></p> <p>VT Medicaid explicitly <u>excludes</u> coverage for weight loss drugs and/or obesity preparations.</p>  |  <p>Adults with obesity: <b>25%</b> <sup>3</sup><br/>Adults with diabetes: <b>7%</b> <sup>3</sup></p> |
| <p><b>Nutritional Consultation &amp; Therapy</b><br/>97802-97804, S9470<sup>†</sup></p> <ul style="list-style-type: none"> <li>- Medical nutrition therapy services (97802-04) are paid through the enrolled primary care physician, inpatient hospital, outpatient hospital, registered dietitians (RD) and school health services.</li> <li>- Covers up to 3 nutritional counseling visits per year (visits for diabetes management do not count toward limit)</li> <li>- These services are not reimbursable when billed by an independent physician.</li> <li>- <sup>†</sup> Must be provided by a registered dietician or diabetic counselor.</li> </ul> | <p><b>Bariatric Surgery</b></p> <p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required; complete supplemental bariatric surgery information.</li> <li>- Coverage provided only when there are other medical conditions present that could be significantly and adversely affected by the obesity.</li> <li>- Recipient must have obesity persisting for at least 5 years, no current substance abuse, normal TSH, and no contraindications to the procedure.</li> <li>- May be required to provide evidence of participation in physician/dietician supervised diet program (≥ 6 months)</li> </ul> |  |