



Vermont Medicaid Certified Alcohol and Drug Abuse Counselor (ADC) Billing Manual

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CERTIFIED ALCOHOL AND DRUG ABUSE COUNSELOR (ADC) BILLING MANUAL I

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Section 1 Introduction

This manual outlines specific requirements for Vermont Medicaid's reimbursement of Alcohol and Drug Abuse Counselors (ADC). Certified Alcohol and Drug Counselors (ADCs) counsel persons affected by problems related to the use of alcohol and/or drugs. ADCs may practice ONLY at a Vermont Department of Health (VDH) certified provider.

Please note that ADCs do not operate under Supervised Billing as of 1/1/26. For additional information about reimbursement structures for other services or provider types, please visit the [Vermont Medicaid Portal](#) or review the [General Billing and Forms Manual](#).

You may also contact your Gainwell Technologies provider representative with questions. Find your provider representative at [Provider Representative Map](#).

Section 2 Conditions

For an individual to bill Vermont Medicaid as an Alcohol and Drug Abuse Counselor (ADC), they must:

- Be 18 years of age or older.
- Have obtained a baccalaureate degree from an accredited college or university
- Be employed by a Vermont Department of Health, Division of Substance Use Programs' (VDH-DSU) Preferred Provider.
 - For more information about the Vermont Preferred Provider Network, please review the summary available here: [Vermont Preferred Provider Network](#)
 - If you need help accessing or understanding this information, contact AHS.VDHDSU@vermont.gov
- Pass the IC&RC Alcohol and Drug Counselor (ADC) Examination or another examination of greater or substantially equivalent relevance and rigor acceptable to the Director.
 - For information about certification with OPR, see this link: [Alcohol & Drug Abuse Counselor Forms & Instructions - Vermont Secretary of State](#)
 - For more information about Administrative Rules for ADCs, see this link: [Administrative Rules for Alcohol & Drug Counselors Rule](#)
- Be enrolled in Vermont Medicaid under the appropriate provider type, specialty, and facility
 - ADCs must enroll with Vermont Medicaid as follows:
 - **Provider Type: T38** – Alcohol and Drug Counselor
 - **Provider Specialty S58** – Certified Alcohol and Drug Counselor
- Meet all continuing education requirements and other requirements as outlined by the Preferred Provider with which they are employed.
 - Please review the VDH treatment standards for additional information: [Vermont Department of Health DSU Preferred Provider Treatment Standards](#)
 - It is the provider's responsibility to know what rules and policies apply to their profession.

Section 3 Enrollment

- ADCs must enroll with Vermont Medicaid under the appropriate provider type and specialty, as outlined in the section above, and submit the following:
 - **Certifications:** Proof that the individual has the ADC certification
 - Individuals must obtain their ADC certification within 180 days of employment at a Preferred Provider. ADCs may not enroll with Vermont Medicaid until they have obtained their ADC certification.
 - When an individual applies to enroll with Vermont Medicaid, please select the enrollment date as the first date of employment so that services provided during those first 180 days can be billed.
 - **Malpractice insurance:** Proof that the individual has malpractice insurance or proof that the Preferred Provider has added the individual to their malpractice insurance.
 - If the name of the supervisee is not on the malpractice insurance, the supervisee must submit a note from the Preferred Provider indicating the ADC can operate under their insurance.
 - **Education:** Proof that the individual has obtained a baccalaureate-level degree..

Section 4 Procedures for Billing

- When submitting claims to DVHA for reimbursement:
 - The preferred provider must be listed as the billing provider on the claim
 - The ADC must be listed as the attending provider on the claim
- Follow all requirements for a person-centered treatment plan
 - If the clinician signing the treatment plan is an ADC, the treatment plan must be cosigned by:
 - A LADC of at least one year full-time professional experience working as such, and who is licensed and in good standing in the state of practice; or
 - An independent clinical social worker, psychologist, marriage and family therapist, or clinical mental health counselor, licensed and in good standing in Vermont or a foreign jurisdiction acceptable to the OPR Director, who has completed addiction counseling training consistent with the OPR Licensing Rules and has accrued at least one year of full-time addiction counseling experience or its part-time equivalent; or
 - An allopathic or osteopathic physician certified in addiction medicine by the American Society of Addiction Medicine, the American Osteopathic Association, the American Board of Psychology and Neurology, or an equivalent certifying body approved by the OPR Director.
 - Additional requirements about treatment plans can be found at: [Vermont Department of Health DSU Preferred Provider Treatment Standards](#)

Section 5 Billable Services

Services that are billable by ADCs, as long as they are otherwise eligible, are as follows:

- H0001: Alcohol and/or drug assessment
- H0004: Behavioral health counseling and therapy, per 15 minutes
- H0005: Alcohol and/or drug services; group counseling by a clinician, per encounter
- H0015: Alcohol and/or drug services; intensive outpatient, per encounter
- T1006: Alcohol and/or drug substance use services; family/couple counseling
- T1016 : Case management, each 15 minutes

Section 6 Non-Reimbursable Services

- Any services rendered by a provider who does not meet all requirements as outlined in this manual
- Any services rendered by an ADC who is not employed by a Preferred Provider
- Any services rendered by an ADC under the Supervised Billing structure after 1/1/26
- Any services that are out of scope per the Office of Professional Regulation

Section 7 Contact Gainwell

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, [Provider Representative Map](#).

Section 8 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 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.

Suspected fraud, waste or abuse should be reported to the [DVHA 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.