

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

2. a. Outpatient hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise provided in the state plan.

Provided: No limitations With limitations*
 Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on attachment.

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Supersedes
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ITEM 2.a. OUTPATIENT HOSPITAL SERVICES

Emergency Care

Use of the emergency room at any time is limited to instances of medical emergency. A medical emergency is an unforeseen event of a pathophysiological or a psychological nature which requires medical attention on an unscheduled basis and for which the physician concurs such to be an unforeseen occurrence of a medical problem or an unforeseen exacerbation of an existing medical problem. Events commonly construed to require emergency hospitalization or emergency ambulatory medical services include, but are not limited to:

- Repair of accidental injury.
- Diagnosis and relief of acute pain.
- Institution of treatment of acute infection.
- Protection of public health.
- Amelioration of illness, which if not immediately diagnosed and treated could lead to disability or death.

Rehabilitative Therapies

Outpatient therapy services, whether occupational therapy, physical therapy or speech pathology services, are limited to four months, after which prior authorization must be requested of and granted by the Medicaid Division for reimbursement to be made. Unless, the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, or experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable, authorization will not be granted for more than one year from the start of treatment.

Diagnostic Testing

Diagnostic testing is limited to those tests ordered by a physician for determining the nature and severity of an illness or medical condition. Tests unnecessary for establishing a diagnosis or the degree of severity are not covered. Administratively necessary or court ordered tests are not covered.

Psychiatric Partial Hospitalization

Psychiatric partial hospitalization is covered as a hospital service for those programs which have received and meet the conditions of a Certificate of Need for the Vermont Health Care Authority.

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ITEM 3. OTHER LABORATORY AND X-RAY SERVICES:

No limitations.

ITEM 11. PHYSICAL THERAPY AND RELATED SERVICES

A, B, & C Physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders are limited as follows:

- 1) to those provided in the outpatient department of a hospital, nursing facility*or Medicare certified rehabilitation agency; by private practitioners who are active Medicaid providers; and by staff therapists of a home health agency or comprehensive outpatient rehabilitation facility;
- 2) to four month duration from start of outpatient therapy per acute care episode/condition of record, unless prior authorization is granted for an extended time period;
Note: EPSDT regulations apply to children under age 21.
- 3) no coverage beyond one year unless the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable.
- 4) Analog or Digital hearing aids are covered when they are determined to be medically necessary pursuant to §1905(r) of the Social Security Act.

All therapy providers meet the provider qualification described in 42 CFR 440.110.

* PT, OT, and ST for an inpatient of the facility are covered in the nursing facility per diem.