

## **The Department of Vermont Health Access Medical Policy**

**Subject:** Elective Out-of-State Inpatient Medical Care Admission

**Last Review:** January 3, 2017

**Revision 3:** December 16, 2015

**Revision 2:** February 20, 2015

**Revision 1:** January 4, 2012

**Original Effective:** October 16, 2008

**\*Please note: Most current content changes will be highlighted in yellow.**

### **Description of Service or Procedure**

Coverage of Elective Out-of-State Inpatient Medical Care Admission for a Vermont Medicaid Member.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

- [7102](#) Prior Authorization
- [7103](#) Medical Necessity
- [7108](#) Third Party Liability
- [7201](#) Payment for Hospital Services – Medical and Psychiatric

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

### **Coverage Position**

Medical care can be provided to a Vermont Medicaid Member at an out-of-state facility and/or by an out-of-state provider if the treating provider is actively enrolled as a Vermont Medicaid provider and if that member has active Vermont Medicaid or Dr. Dynasaur coverage, and if the service is not available within the State of Vermont or at one of the hospitals considered to be a Vermont hospital due to their close proximity to Vermont and the fact that it is the general practice of Vermont residents, approved by the Department of Vermont Health Access (DVHA), to secure care and services at these hospitals.



If a member has a primary insurer other than Medicaid, any prior authorization requests will need to be reviewed by the primary insurer. Medicaid is the payer of last resort (Vermont Medicaid Rule 7108).

Elective out-of-state inpatient admissions require prior authorization. Urgent and Emergent admissions do not require a prior authorization but notification to the DVHA of the admission from the admitting facility is required by the next business day.

Elective out-of-state inpatient admissions require the admitting facility/provider (not the referring provider) to submit by mail or fax the appropriate Pre-admission and/or Pre-procedure request forms with all pertinent medical/clinical documentation to the DVHA - Clinical Operations Unit. The department shall conduct a review and issue a notice of decision within 3 business days of receiving all the necessary information.

### **Clinical Criteria**

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The referring provider will have determined that:

- The requested service is medically necessary.
- The referred facility/provider is the nearest facility/provider to the member's Vermont home address.
- The referred facility/provider has the ability and availability to provide the requested services at a level consistent with general accepted practice parameters as recognized by health care providers in the same or similar general specialty that typically treat or manage the diagnosis or condition.
- The referred facility/provider is actively enrolled as a Vermont Medicaid provider or is willing to enroll as a Vermont Medicaid provider.
- The requested service cannot be provided at a facility and/or provider that is actively enrolled or willing to enroll as a Vermont Medicaid provider within the borders of Vermont. The following hospitals are considered as Vermont Medicaid hospitals due to their close proximity to Vermont and the fact that it is the general practice of Vermont residents to secure care and services at these hospitals:
  - Mary Hitchcock Memorial Hospital (DMHC), Hanover, NH
  - Littleton Hospital, Littleton, NH
  - Weeks Memorial Hospital, Lancaster, NH
  - Valley Regional Hospital, Claremont, NH
  - Cottage Hospital, Woodsville, NH
  - Upper Connecticut Valley Hospital, Colebrook, NH
  - Glens Falls Hospital, Glens Falls, NY
  - Alice Peck Day Hospital, Lebanon, NH

### **Guidelines for post procedural follow-up care or service**

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The service requested must be determined to be medically necessary and not available within Vermont or at one of the hospitals listed above that are considered as Vermont hospitals. When appropriate, any care required after the initial follow up of a procedure should be transitioned to a provider with the same specialty in Vermont or at one of the designated hospitals listed above that are considered as Vermont hospitals.

### **Type of service or procedure covered**

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Medical and/or surgical treatments which cannot be provided by a facility/provider within Vermont or at one of the designated hospitals listed above that are considered as Vermont hospitals.

Referrals to Boston Children's Hospital will be permitted but are limited to the conditions noted below and determined to be so complex in nature that the available expertise in Vermont or at Dartmouth Hitchcock Medical Center is not present:

- Cardiac surgery, follow-up, or aftercare of such surgery
- Interventional endoscopy services
- Organ transplants
- Dialysis related to organ transplants
- Surgical/Pediatric nephrology
- Vascular Malformations
- Cystic fibrosis or other pulmonary conditions
- Neuromuscular/Metabolic disorders
- Extracorporeal membrane oxygenation (ECMO)
- Graft versus host disease (GvHD)

### **Type of service or procedure not covered**

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Services that are determined to be available at a facility and/or by a provider within the State of Vermont or in one of the hospitals listed above that are considered as Vermont hospitals.

### **References**

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Agency of Human Services, Department of Vermont Health Access, Medicaid Covered Services <http://humanservices.vermont.gov/on-line-rules/dvha/medicaid-covered-services->, 7201.

*This document has been classified as public information.*

