

### DVHA Prior Authorization (PA) Requirements for Out-of-State Providers - 1/1/2023

Requirements for ALL Medicaid members (including ACO-attributed members):

	PA required for office visit?	PA required for inpatient?*
<b>GCR 22-102 Modifications to Requirements</b>		
Baystate Medical Center	YES	NO
Berkshire Medical Center	YES	NO
Boston Children's Hospital	YES	NO
Dana Farber Cancer Institute	YES	NO
Lahey Clinic	YES	NO
Tufts Medical Center	YES	NO

[Out-of-State In-Network Hospital Requirements \(click here for a list of Medicaid out-of-state in-network hospitals\)](#)

Albany Medical Center, Albany, NY	NO	Refer to fee schedule for PA requirements for requested service
Alice Peck Day Hospital, Lebanon, NH	NO	Refer to fee schedule for PA requirements for requested service
Champlain Valley Physicians Hospital, Plattsburgh, NY	NO	Refer to fee schedule for PA requirements for requested service
Cheshire Medical Center, Keene, NH	NO	Refer to fee schedule for PA requirements for requested service
Cottage Hospital, Woodsville, NH	NO	Refer to fee schedule for PA requirements for requested service
Dartmouth Hitchcock Medical Center, Lebanon, NH	NO	Refer to fee schedule for PA requirements for requested service
Glens Falls Hospital, Glens Falls, NY	NO	Refer to fee schedule for PA requirements for requested service
Littleton Hospital, Littleton, NH	NO	Refer to fee schedule for PA requirements for requested service
North Adams Hospital, No. Adams, MA	NO	Refer to fee schedule for PA requirements for requested service
Upper Connecticut Valley Hospital, Colebrook, NH	NO	Refer to fee schedule for PA requirements for requested service
Valley Regional Hospital, Claremont, NH	NO	Refer to fee schedule for PA requirements for requested service
Weeks Memorial Hospital, Lancaster, NH	NO	Refer to fee schedule for PA requirements for requested service
ALL OTHER Out-of-State Hospitals or Providers (FOR NON-EMERGENT SERVICES)***	YES	YES

**Notes:**

\* Imminent harm codes requires prior authorization for ALL members regardless of service location. [Click here for a list of current imminent harm codes.](#)

\*\* [Link to Vermont Medicaid Fee Schedule](#)

\*\*\* Urgent/emergency services do not require prior authorization

<https://dvha.vermont.gov/providers/provider-network-info>