

The Department of Vermont Health Access Clinical Criteria

Subject: Out-of-Network Services - office visits, elective inpatient hospital admissions and procedures, for all Medicaid members regardless of individual's Accountable Care Organization (ACO) status

Last Review: January 1, 2023
Past Revisions: October 16, 2020

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

Description of Service or Procedure

Vermont Medicaid is committed to recruiting and retaining primary care providers and specialists to serve our members. This practice retains Medicaid dollars within Vermont, promotes the use of community health teams and improves health care delivery and outcomes.

A referral for out-of-network office visits and elective inpatient hospital admissions may be requested when no in-network provider possesses the expertise and qualifications to provide the necessary health service.

Telemedicine services should be considered when appropriate. Telemedicine is a covered service under Vermont Medicaid and is reimbursable when it is clinically appropriate and within the provider's licensed scope of practice. Vermont Medicaid has an established telemedicine Place of Service (POS) code 02 (Telehealth) for use by practitioners providing telehealth services from off-site.

Referrals for out-of-network services require prior authorization. Out-of-network providers must [enroll](#) with Vermont Medicaid to receive reimbursement.

Disclaimer

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



Medicaid Rule

Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
7201	Inpatient Services
4.101	Medical Necessity
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Coverage Position

A referral to an out-of-network provider may be covered for members:

- When the referral is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding the health service requested and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

Out-of-network referrals may be covered for members when:

- There is no in-network provider within the specified discipline who has the necessary training, experience or expertise to provide treatment to a member;
- Access to a clinical trial is not available in-network;
 - If the prior authorization request is due to a clinical trial, the [Medical Attestation Form](#) must be completed and submitted with the request.
- Access to an in-network provider is not available within a reasonable amount of time and lack of treatment would result in harm to a member;
- Follow up is required after out-of-network emergency care. Limited visits will be authorized because care is expected to transition to an in-network provider;
- Treatment options at an in-network facility have been exhausted, or there has been an unsatisfactory clinical course, and a second opinion from another in-network specialist is not possible;
- There is a written statement from an in-network specialist or primary care provider documenting that treatment is not available in-network.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

A plan of care must be submitted to approve additional services.

Type of service or procedure not covered (this list may not be all inclusive)

Out-of-network referral for services that are experimental or not otherwise covered by Vermont Medicaid.

References

Center for Medicare and Medicaid Services. Early and Periodic Screening, Diagnostic, and Treatment. Retrieved August 22, 2019, from: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

[Vermont Medicaid. \(2022\). Section 2.8 Services requiring prior authorization. Vermont Medicaid General Billing and Forms Manual.](http://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf)

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This document has been classified as public information.