

# Title: Annual and Quarterly Code Review

**Issuance Date: April 28, 2023**

(Must be reviewed annually)

## Applicable Regulations, Guidelines, and AHS Policy:

### Federal statute or rule:

- 7102 Prior Authorization
- 4.101 Medical Necessity

## Purpose:

Review new, revised, and deleted, in-between quarterly codes to determine if Vermont Medicaid should include the codes for coverage.

## Procedure:

The **decision** to cover new codes is based upon:

- Medical necessity,
- Consideration of less costly alternatives, if appropriate,
- Conformity to generally accepted practice parameters,
- Compliance with Medicaid Rules,
- Compliance with Code of Federal Regulations,
- Compliance with State Plan Amendment,
- Compliance with CMS, Medicare (there are exceptions).

Prior Authorizations:

- The decision to require PA is based on findings during determination of coverage and on current policy (See rule 7102). Medicaid Rules must be reviewed prior to PA determination.
- PA may be necessary when the service:
  - Is or may be an experimental or investigational treatment,
  - Controversial,
  - Has potential for abuse,
  - Code is unlisted (not specific as to exactly what is being billed).

## Revision History:

Date	Summary of Revisions
3/14/2022	OMU review, updated font to Arial.
4/28/2023	Updated

Table 1 Revision History