

Department of Vermont Health Access Gene Therapy Authorization Guide

Gene therapy may include services such as out-of-network office visits, inpatient admissions, and drugs. The Department of Vermont Health Access (DVHA) requires prior authorization for these services and has developed a prior authorization guide for gene therapy administration requests below. Failure to submit all necessary requirements may result in delayed review and authorization. For questions, please contact your [assigned Gainwell representative](#).

- Gene therapies may require prior authorization. Please refer to The Department of Vermont Health Access' [Drug Coverage Lists](#) to review for prior authorization requirements on the Preferred Drug List.
 - [Pharmacy prior authorization request forms](#) can be used for therapy consideration and review. Please submit requests with all necessary review documentation (e.g. medical records/charts, letters of medical necessity, prior treatment approaches)
 - See VT Medicaid [fee schedules](#) for information on HCPCS codes related to gene therapy billing and prior authorization requirements.
 - For questions related to the preferred drug list or gene therapy prior authorizations, contact the Pharmacy Helpdesk: [Change Healthcare Billing Information](#)
- For office out-of-network office visits and admissions related to gene therapy administration:
 - Please refer to the [Vermont Medicaid Provider Network Info](#) page to verify hospital network status and also [DVHA Prior Authorization Requirements for Out-of-State Providers](#) to verify whether an out-of-network admission to your hospital requires PA.
 - For office visits, complete the **Out-of-Network Elective Office Visit Request Form** found at <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms/>
 - For inpatient admissions, complete the **Out-of-Network Preadmission Request Form** found at <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms/>. Submit a preadmission request form for **each** planned admission.
 - Include supporting clinical documentation and letters of medical necessity with office visit and admission requests.
Fax completed form and supporting clinical documentation to 802-879-5963 or email to AHS.DVHAClinicalUnit@vermont.gov
- For financial questions and discussions, please reach out to the DVHA Reimbursement Unit at ahs.dvhareimbursement@vermont.gov.