

## 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:** February 22, 2024\*

**Past Revisions:** January 1, 2023; October 16, 2020

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

### Description of Service or Procedure

The Department of Vermont Health Access strives to ensure that the VT Medicaid provider network is adequate to provide the medically necessary care, at the right time. This effort supports retention of Medicaid dollars within Vermont and supports the use of resources within the state such as community health teams, that have been developed to improve health care coordination, delivery, and outcomes.

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

Delivery of services via 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.

Referrals for out-of-network services require prior authorization. Out-of-network providers must [enroll](#) with Vermont Medicaid to receive reimbursement. [Refer to the Vermont Medicaid Provider Network Info page for in- and out-of-network definitions and Prior Authorization Requirements for Out-of-State Providers.](#)

### 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**

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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
- 4.101 Medical Necessity
- 4.200 Inpatient Services
- 4.201 Outpatient Hospital Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

## **Coverage Position**

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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**

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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 claim, for the initial services delivered in conjunction with the clinical trial.
- 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 **or a medical attestation** 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**

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A plan of care must be submitted with services requiring prior authorization and when appropriate, explanation of why services cannot be provided in-network, for example, if services may be available in-network, but not in a timely manner.

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

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Out-of-network referral for services that are experimental, are not otherwise covered by Vermont Medicaid, or would lead to noncovered services.

### **References**

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Centers for Medicare and Medicaid Services. (n.d.). Early and periodic screening, diagnostic, and treatment. Medicaid.gov.

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Vermont Medicaid. (2023). *Vermont Medicaid General Billing and Forms Manual*. Vermont Medicaid Portal. <http://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>

*This document has been classified as public information.*