



State of Vermont
 Department of Vermont Health Access
 280 State Drive, NOB 1 South
 Waterbury, VT 05671-1010

Agency of Human Services
 [Phone] 802-879-5903
 [Fax] 802-879-5963
 [Email] AHS.DVHAClinicalUnit@vermont.gov
 www.dvha.vermont.gov

Department of Vermont Health Access (DVHA)
Request for Prior Authorization for Re/habilitation Therapy Services:

Effective 1/1/2025, there will be no prior authorization requirement for Medicaid - covered outpatient physical therapy (PT), occupational therapy (OT), and speech language pathology (ST) services for Vermont Medicaid members under the age of 21. For adult members, the threshold for combined outpatient PT/OT/ST services per calendar year will increase from 30 to 60 visits per calendar year before prior authorization is required. Each discipline must complete a separate form. Home health PT, OT, and ST services require prior authorization after 4 months of service only for members who are not attributed to the ACO.

Please fill out this form completely. Do not leave any blank spaces. Attachments must include the following:

- Initial evaluation or re-evaluation note **AND**
- Most recent progress documentation. This progress documentation must include 1) home/community based functional goals, 2) objective, measurable progress to date toward each goal and 3) Care plan including specific therapeutic techniques.

Note: If a scale for measuring progress has been referenced in a goal, submit the scale documents including scale parameters.

Member Information

Member Name: Date of Birth: Medicaid UID #:

Supplying Provider Information (provider who will be submitting claims)

Facility: Medicaid Provider #:
 Email address:

Referring Provider Information

Name: Medicaid Provider #:

Requested Services Information

Select Service: PT (GP) 420-424 OT (GO) 430-434 ST (GN) 440-444

NOTE: The billing diagnosis must be the diagnosis underlying the condition driving the need for therapy services. Do not use a pain diagnosis unless the underlying condition is a pain syndrome. Include surgical aftercare information and coding if there has been a pertinent surgery.

Primary Billing Diagnosis (underlying condition):	Primary ICD-10 Diagnosis Code:	Date of Onset for Primary Diagnosis:
<input type="text"/>	<input type="text"/>	<input type="text"/>



Other Diagnosis:

ICD -10 Diagnosis Codes:

Date of Onset for Other Diagnosis:

Clinical Information

Initial date of therapy for the requested non-inpatient rehab therapy discipline, any pay source, regardless of previous discharges:

Date:

Requested Procedure Codes:

Average time per visit (not home health):

Requested Frequency of Services:

Requested coverage date range:

Date:

through

Date:

Adherence to home program/voiced commitment to home program:

Pediatrics: care coordination with other medical disciplines, community supports, paid personal care attendants: (specify each)

Pediatrics: care coordination with school personnel, for example: PE teacher, coach, athletic trainer, school therapist: (specify each)

Pediatrics: If there is **no** school involvement, legal guardian has been educated regarding school model services and that medical model services cannot take the place of school model services: Yes No

Pediatrics: If there **are** school services, legal guardian has agreed to care coordination with school: Yes No

Pediatrics: Click this box to affirm that medical and school model goals are not duplicative:

Adults: care coordination with other medical disciplines and community supports. Include Vocational Rehabilitation (HireAbility) and the VT Center for Independent Living for members with long term conditions: (specify each)

Etiology of injury:

Document if this is a work related injury:

Yes No

If yes, document why Worker's Comp is not the primary pay source:

For clinical questions, please contact the DVHA Clinical Operations Unit at 802 879 5903.