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Prior Authorization Short Form Instructions:

Through the Vermont Medicaid Next Generation ACO program, prior authorization requirements were waived beginning in 2017 for ACO-attributed members, services, and providers. This waiver was broadened in 2018 to include all Vermont providers, for ACO-attributed members and services.

Beginning in 2019, prior authorization for ACO-attributed members and ACO covered services are completely waived, and adjustments have been made to the MMIS to no longer require PA forms of any kind for ACO-attributed members and ACO-covered services, EXCEPT for a small number of codes that will *always* require prior authorization, even for ACO-attributed members. Providers will always need to use the traditional (not short) DVHA prior authorization forms for these exception codes.

Regardless of ACO attribution status, prior authorization and full clinical review will *always* be required for services related to gender reassignment surgery, and equipment including wheelchairs, lifts, transfer devices, hospital beds, and complex positioning devices in order to ensure the safety of Medicaid members. A code-level list of ACO-covered services and equipment and whether they require prior authorization can be found http://dvha.vcms.vt.dev.cdc.nicusa.com/aco-prior-authorizations. When seeking prior authorization for any of the codes on this list, providers must use the correct traditional prior authorization form found on DVHA's website and include all necessary clinical documentation (i.e., providers will continue to follow DVHA's traditional prior authorization for these codes and services, regardless of ACO attribution status of the beneficiary).