



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

January 18, 2023

GCR 22-101
FINAL

Changes to Prior Authorization Requirements

Policy Summary:

The Vermont Medicaid program is making changes to prior authorization requirements for chiropractic services, rehabilitative therapy (physical therapy, occupational therapy, and speech therapy), durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and dental services. These changes are being made as a result of [Act 140 of the 2020 Vermont legislative session](#).

For adult chiropractic services, the utilization threshold has increased from 10 treatments to 12 treatments before requiring prior authorization. For pediatric chiropractic services, pediatric chiropractic providers with identified credentials (Doctor of Chiropractic [DC], certification by the Academy Council of Chiropractic Pediatrics [ACCP]) no longer need to submit prior authorizations for children ages six through 11. Prior authorization requirements have been reinstated for Accountable Care Organization (ACO)-attributed members and will follow the new requirements as described here. This change will be submitted to the Centers for Medicare and Medicaid Services (CMS) as State Plan Amendment (SPA) #23-0001.

For pediatric physical therapy, occupational therapy, and speech therapy services, the number of visits allowed prior to seeking authorization has increased from eight visits to 30 visits to align with current adult requirements. Prior authorization requirements have been reinstated for ACO-attributed members and will follow the new requirements as described here. This change will be submitted to CMS as SPA #23-0003.

For durable medical equipment, prosthetics, orthotics and supplies, prior authorization is not required except for miscellaneous codes and codes on the imminent harm list. Service limits posted on the Department of Vermont Health Access website remain in effect. This applies to all members (ACO-attributed and non-ACO-attributed).

For dental services, prior authorizations are not required except for orthodontics and items on the list of codes posted on the Department of Vermont Health Access website.

See additional information below.

Effective Date:

January 1, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

[Act 140 of the 2020 Vermont legislative session](#)

Population Affected:

All Medicaid

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended December 2, 2022. A copy of the [comments received](#) and the [response to comments](#) can be viewed at these links.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Act 140 legislative report [“Clinical Prior Authorization Requirements in the Vermont Medicaid Program: Findings and Recommendations”](#).

[Vermont Medicaid Fee Schedule](#) includes information on the code coverage and if the code requires a prior authorization.

The [Imminent Harm Code List](#) includes services that require a Prior Authorization.

The draft SPA provides additional details on the proposed changes; copies of the draft SPA can be requested from local Department for Children and Families (DCF) offices or from the Department of Vermont Health Access (DVHA) at (802) 355-8843, or can be found on the [Agency of Human Services website](#).