

# **Global Commitment Register**

April 14, 2020

GCR 20-039 CLARIFICATION

\*\*COVID-19 Emergency Response\*\*

Please see the Department of Vermont Health Access COVID-19 site for important information

# **Prior Authorization Changes**

#### **Policy Summary:**

As part of the response to the <u>COVID-19 Public Health Emergency</u>, Vermont Medicaid is taking steps to ensure Vermonters have access to necessary care and that health care professionals can deliver that care in a safe and timely way. To this end, the following flexibilities are temporarily being instituted:

# 1) Remove prior authorizations

Prior authorization requirements are waived for the following services (except for items with the potential to cause imminent harm):

- Imaging Services
- Durable Medical Equipment and Supplies—including continuous glucose monitors obtained from a pharmacy.
- Dental Services including orthodontia

#### 2) Extend pre-existing prior authorizations

- DVHA has extended approved prior authorizations for certain clinical services set to exhaust in April for an additional six months. No additions or changes to services or units may be made.
- DVHA will continue to evaluate the need to extend prior authorizations for clinical services and drugs approved prior to the COVID-19 public health emergency. The original approval period may be extended for these services.

Please see "Additional Information" below for more details on the above changes.

#### **Effective Date:**

Effectively March 1, 2020, lasting for the duration of the COVID-19 Public Health Emergency.



### **Authority/Legal Basis:**

Medicaid State Plan

Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #29.

COVID-19 Public Health Emergency

## **Population Affected:**

All Medicaid

#### **Additional Information:**

Prior authorizations remain in effect for items and services with the potential to cause imminent harm, out of network services, and elective procedures.

**Imminent Harm Codes** 

Waived Prior Authorization Codes

**DVHA Clinical Prior Authorization Forms** 

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