

The Office of Vermont Health Access Medical Policy

Subject: Out of State Medical Care

Last Review: 2008

Revision 3:

Revision 2:

Revision 1:

Original Effective: 10/16/08

Technical Revision: 09/08/09

Description of Service or Procedure

Coverage for Out of State Medical Care for Vermont Medicaid recipients.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7201](#) Hospital Services.

[7102](#) Prior Authorization

[7103](#) Medical Necessity

Coverage Position

Medical care can be provided to a Vermont Medicaid recipient if that beneficiary has Vermont Medicaid, VHAP, or Dr. Dynasaur coverage at an Out of State facility and/or by an Out of State provider if the referring provider is actively enrolled as a Vermont Medicaid provider.

If an individual has a primary insurer other than Medicaid, any prior authorization requests will need to be reviewed by that primary insurer.

Elective admissions to Out of State hospitals require Prior Authorization. Urgent and Emergent admissions DO NOT require a Prior Authorization but do require notification of that admission by the next normal business day from that facility.

Elective admissions require the admitting facility/provider (not the referring provider) to submit by mail or fax the appropriate Pre-admission and/or Pre-procedure [request forms](#) with all pertinent medical/clinical documentation to the Office of Vermont Health Access - Clinical Operations Unit. The department shall conduct a review and issue a notice of decision within 3 working days of receiving all the necessary information.

Clinical guidelines

The referring provider will have determined that:

- The service being requested is medically necessary.
- The service being requested cannot be provided by a facility and/or provider that is actively enrolled or willing to enroll as a Vermont Medicaid Provider within the borders of Vermont or in a facility that has been deemed a Border Facility as described in Medicaid Rule 7201 (noted below).
 - Mary McClellan Hospital, Cambridge, NY
 - Mary Hitchcock Memorial Hospital (DMHC), Hanover, NH
 - Littleton Hospital, Littleton, NH
 - Weeks Memorial Hospital, Lancaster, NH
 - Valley Regional Hospital, Claremont, NH
 - Cottage Hospital, Woodsville, NH
 - Upper Connecticut River Valley Hospital, Colebrook, NH
 - Emma L. Stevens Hospital, Granville, NY
 - Glens Falls Hospital, Glens Falls, NY
 - North Adams Hospital, North Adams, MA
 - Alice Peck Day Hospital, Lebanon, NH
- The facility /provider being referred to is the nearest to the beneficiary's Vermont home address.
- The facility/ provider being referred to has the ability and availability to provide the requested services at a level that is consistent with the generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or manage the diagnosis or condition.
- The facility/provider being referred to is actively enrolled as a Vermont Medicaid Provider or is willing to enroll as a Vermont Medicaid Provider.

Guidelines for post procedural follow-up care or service

The service requested must be determined to be medically necessary and not available within Vermont or at one of the general hospitals noted above that are considered Vermont hospitals due to their close proximity to Vermont. When appropriate, any care required after the initial follow up of a procedure should be transitioned to a provider with the same specialty in Vermont or at one of the border hospitals listed above.

Type of service or procedure covered

Medical and/or surgical treatment which can not be provided by a facility/provider within Vermont or in a Border Facility.

Referrals to Boston Children's Hospital will be permitted but are limited to the conditions noted below if determined appropriate:

- Complex Cardiac Surgery or the follow-up or aftercare of such surgery.
- Complex Interventionalist Endoscopist Services.
- Complex Organ Transplants.
- Dialysis related to Complex Organ Transplants.
- Complex Surgical/Pediatric Nephrology.
- Complex Vascular Malformations.
- Complex Cystic Fibrosis or other Pulmonary Cases.
- Complex Neuromuscular/Metabolic Cases.
- EMCO-Extracorporeal Membrane Oxygenation
- GvHD-Graft Versus Host Disease

Type of service or procedure not covered

Services that can be provided by a facility/provider within Vermont or in a Border Facility.

References

1. Medicaid Rules, Office of Vermont Health Access. (<http://humanservices.vermont.gov/on-line-rules/ovha>)

The Medicaid Rule only lists coverage availability, it does not guarantee individual determinations of medical necessity. Please check with the appropriate department to determine if the service/item in question is a covered service/item under a particular benefit plan. Use of Medicaid rule is not intended to replace independent medical judgment for treatment of individuals.

This document has been classified as public information.

