Vermont Medicaid Coverage Exception Request – 10 Standards

If Vermont Medicaid tells you that it does not cover a service you need, you can ask for Medicaid to make an exception and cover the service.

Give your provider this list of 10 standards. Your provider must show that the request meets all 10 standards:

1. Are there extenuating circumstances that are unique to the beneficiary such that there would be serious detrimental health consequences if the service or item were not approved?
2. Does the service or item fit within a category or subcategory of services offered by the Vermont Medicaid program for adults?
3. Has the service or item been identified in rule as not covered, and has new evidence about efficacy been presented or discovered?
4. Is the service or item consistent with Title XIX's objective to provide for the general welfare of the public?
5. Is there a rational basis for excluding coverage of the service or item? The purpose of this criterion is to ensure that the department does not arbitrarily deny coverage for a service or item. The department may not deny an individual coverage for a service or item solely based on its cost.
6. Is the service or item experimental or investigational?
7. Have the medical appropriateness and efficacy of the service or item been demonstrated in the literature or by experts in the field?
8. Are less expensive, medically appropriate alternatives not covered or not generally available?
9. Is FDA approval required, and if so, has the service or item been approved?
10. Is the service or item primarily and customarily used to serve a medical purpose, and is it generally not useful to an individual in the absence of an illness, injury, or disability?

Your health care provider must also prove that you **need** the service. Give your health care provider the attached form to fill out.

Vermont Legal Aid
Working for Justice

Prepared by the Office of Health Care Advocate (HCA) **January 2014**

Department of Vermont Health Access

Request for Medicaid Coverage Exception - Medical Need Form

PROVIDER: Complete this form only for those services or items that are **NOT** already covered by Medicaid.

Please print

Provider Name:	Medicaid Provider #:
Address:	
City, state, zip code:	
Telephone number:	
Patient's Name:	Social Security Number:
Requested Service or Item:	

Please write legibly or type. *(Attach additional sheets if necessary)*

1. The above-named patient is requesting Medicaid coverage of a service or item that is not on the list of services and items pre-approved for coverage. Please provide the clinical reasons that are the basis for your assessment that the service or item is medically necessary. *(Please submit the following information/records in your possession in support of this request: patient medical history; hospital discharge summary; emergency room report; operative, lab, x-ray and diagnostic reports; physical, occupational, speech, dental or mental health assessments; and a list of medications the patient is currently taking.)*

2. Describe the **unique** extenuating circumstances, if any, that can be *reasonably anticipated* to produce serious detrimental health consequences should the service or item not be provided to this individual. Please include a description of the ***serious detrimental health consequences*** that you anticipate. This information is critical for us to evaluate the request. ☐ Does not apply in this case.

_____ _____

Provider's signature Date

Please return this form and all relevant supporting information to:

Commissioner, Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495-2806 ATTN: Exception Coordinator