

This file does not fully comply with all applicable guidelines for accessible digital documents. For the most accessible experience, visit:

<https://vtlawhelp.org/dvha-request-medicaid-coverage-exception-forms>

The Vermont Medicaid Coverage Exception Request flyer is on the next page.

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 health care 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 provider the [Medical Need Form](#) to fill out. You can find it at:

www.greenmountaincare.org/sites/gmc/files/Exception_Process_Packet_Forms_FINAL_Sept2020.pdf
