

## Tips and Facts on the State of Vermont Uniform Medical Prior Authorization Form

### HISTORY

In 2013, the Vermont legislature passed Act 171 that amended 18 V.S.A. § 9418b to include requirements for the development of a uniform prior authorization (PA) form to standardize prior authorization requests. The Department of Financial Regulation (DFR) was tasked to work in consultation with the Department of Health Access (DVHA), the Vermont Medical Society (VMS), and health insurers to develop a “clear, uniform, and readily accessible” prior authorization form for use by providers. It was decided that PA for prescription drugs were too complex at this time to effectively be transformed into a single standardized form. The requirement to use the new State of Vermont Uniform prior authorization form by all health insurance carriers within the State of Vermont went in effect on March 1, 2014.

### Terminology, Etc.

The form is titled State of Vermont (1) Uniform Medical (2) Prior Authorization (3) Form.

- (1) The title “State of Vermont” on the form is there as the form was created by the State of Vermont and is required for all insurance carriers in the State of Vermont to use. We can no longer each have our own version. As BCBSVT is the healthcare carrier for State of Vermont members, the form is for the use of all members with BCBSVT/TVHP, not just State of Vermont members.
- (2) The term “Medical” does not encompass the uses of this form. All services (except prescription drugs) require the use of this form now, such as durable medical equipment, orthotics and prosthetics. Please note: Radiology services require PA through AIM Specialty Health, so this form should not be completed and sent to BCBSVT for radiology.
- (3) BCBSVT uses the term, prior approval on all member documents and provider materials. The State of Vermont uses the term Prior Authorization. They are one and the same.

### Urgent Requests

Please consider the following before marking a request as “urgent”:

- Marking a request as “urgent” does not guarantee immediate review; state guidelines permit us up to 48 hours to review a request marked as “urgent” (or one that is automatically treated as urgent under state rules).
- The most appropriate time to mark a request as “urgent” will be in situations involving urgently needed care (as defined by state regulations).
- We must respond to all prior approval requests within two business days, whether they are marked “urgent” or not.
- Please remember to submit requests before the member’s appointment.
- Please avoid submitting requests on a Friday unless necessary.
- Please ensure a request for prior approval is complete and contains required clinical information, as this will expedite the process

### Section Specific Information

Patient /Member Information:

Health Insurance ID# - make sure you include all information as it appears on the identification card, including any alpha prefix.

Type of Service Requested:

As this is a “uniform” prior authorization form, this is one section that has areas that do not pertain to BCBSVT. BCBSVT does not have a prior approval requirement for most: acupuncture, infusion/oncology drugs, occupational therapy, physical therapy, and speech therapy. Also, although the form has general category of mental health/substance abuse, only very limited mental health and substance abuse services require prior approval. Complete listings of services requiring prior approval for BCBSVT members (or referral authorization for NEHP members) can be located on the prior approval area of our provider website at [www.bcbsvt.com](http://www.bcbsvt.com).

### Worksheets

The Uniform Medical Prior Authorization Form, for some services, does not provide enough information for us to make a decision. Worksheets are available to capture the additional information. The worksheet needs to be attached to the completed Uniform Medical Prior Authorization Form.

Worksheets exist for the following services:

- Inpatient Rehabilitation (initial and continued)

### Using this form for FEP Advanced Benefit Determination

This form is to be used for the submission of Advanced Benefit Determinations. On the top of the form, you will need to write FEP Advanced Benefit Determination, complete the form, attached supporting medical notes and submit to BCBSVT.

### Submission of the Form

The Uniform Medical Prior Authorization Form does not include submission information for any carrier. For BCBSVT fax the form to the Integrated Health Team at (866) 387-7914.

### TIPS

We encourage providers to submit clinical notes along with the prior approval form. This will assist with the processing of the request and decrease the overall review time.