

# Children's Integrated Services (CIS) Request for Prior Authorization Services

Requests for Prior Authorizations (PA) will only be considered with a copy of the child's most recent One Plan (OP) Service Grid attached to the PA request. The OP Service Grid must reflect the requested service provider's discipline, frequency of visits, and an actual start date of service.

## A. Service Provider Information

The service provider **must** be listed on the current OP Service Grid, and the OP Service Grid shall be attached to this request. Please contact the child's CIS Service Coordinator to request a copy of the current OP Service Grid.

Service Provider Name:	Service Provider's Business Name:
Service Provider Discipline:	Provider ID Number (including prefix):

## B. Child's Information

Name (Last, First):	DOB:	SSN or UID:	Current One Plan Date:
CIS Service Coordinator Name:	CIS Service Coordinator Email:		Host Agency Region:

## C. Request for Services

If this child has private insurance, and the **family has given permission** to access the private insurance, the service provider **must** first bill that private insurance.

If this child has private insurance, **and the family has been denied access**, please notate in the Comments section below and ensure that the signed Insurance Form is attached to this request.

If this child has a medical diagnosis, the Home Health Agency provider must first seek prior authorization from the Department of Vermont Health Access (DVHA) in accordance with the current clinical coverage guidelines.

Procedure Codes- Enter all <b>codes and modifiers</b> (if applicable) billed during the 6-month period covered by this PA.		
<input type="checkbox"/> _____ (Code Required)	<input type="checkbox"/> _____ (Code Required)	<input type="checkbox"/> _____ (Code Required)
<input type="checkbox"/> _____ (Code Required)	<input type="checkbox"/> _____ (Code Required)	<input type="checkbox"/> _____ (Code Required)
Revenue Codes (HHAs and VNA ONLY): <input type="checkbox"/> 420 <input type="checkbox"/> 430 <input type="checkbox"/> 440		
<b>Requested start date of PA:</b>		
Comments:		

## D. Request for an Additional Evaluation (Each child is entitled to 1 **specialty** evaluation per discipline per 12-month period **without** a PA.)

Enter the billing code you will use.

Evaluation code:	
Reason additional evaluation is needed within 12 calendar months:	
Previous evaluation date for this specialty:	<b>Requested start date of PA:</b>

**E. Request for Additional Meeting Units (99366-99368)**

Describe how additional meetings will benefit the child and their goals:
Frequency per month:
<b>Requested Start Date:</b>

**F. Request for Exceptional Mileage (99082)**

Providing services in rural areas is part of doing business in Vermont and this mileage can be deducted as a business expense per [www.irs.gov](http://www.irs.gov) Publication 463: Travel, Entertainment, Gift and Car Expenses.

To receive travel reimbursement for unusual travel expenses, the following two criteria must be met: [1] All travel reimbursements require a PA, and [2] Travel must be greater than 70 miles round-trip.

Mileage reimbursement may be taxable and will be listed as income on the service provider's income report for the IRS. All travel reimbursements require a PA. Each trip is billed as one (1) unit (effective 2/1/2012).

Starting physical address (street, city, state):		
Service location's physical address (street, city, state):		
Total round trip miles:	Frequency per month:	Total units per month:
Actual start date of service:	<b>Requested start date of PA:</b>	

**G. Signatures**

By signing and sending this form to the CIS Unit, the agency or service provider affirms that the information provided is accurate, current.

**Please Submit Via GlobalScape.** To create a GlobalScape account, please email [AHS.DCFCDDCISEI@vermont.gov](mailto:AHS.DCFCDDCISEI@vermont.gov).  
**Fax:** 802-241-0168

Full Name (print):	Signature:	Date:
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