

Childrens Integrated Services (CIS) Early Intervention Prior Authorization Form Guidance

First and foremost, all providers must refer to the published billing information provided by the Department for Vermont Health Access available at: [Vermont Medicaid Portal](#)

The General Forms and Billing Manual is a great resource to get you started understanding forms, timelines, and other standard Medicaid billing requirements: [Vermont Medicaid Provider Manual](#).

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Date 9

CIS-EI Documentation Every Provider Needs to Begin Providing Services:

To be reimbursed for the provision of services, you must have received the following from the child's CIS Service Coordinator:

- **Children's Integrated Services Permission to Bill Private and Public Insurance** form completed and signed by the family.

It is *essential* that you have the most recent copy of this. Families can and do change their insurance status and their permissions to bill for services at any time.

It is possible for a family to allow access to their insurance for one service and deny access to another service. There must be two signed forms with what service that particular consent is applying to clearly identifiable.

If providers bill inappropriately based on the new insurance permissions, they will need to go through a recoupment process.

- **Current CIS One Plan Service Grid**

Service grids should include at minimum:

- Date that the family signed consent for their services.
- The name of the service delivered.
- The frequency of the service delivered.
- The actual start date of the first date of service.

Note: for your records and reference you should also have a copy of all Outcomes for which you are responsible to support through your services.

- **EI Request for Financial Assistance Form** (if applicable for the family)

If you are not getting these documents for each client you serve through CIS-EI, you should reach out to the child's CIS-EI Service Coordinator and request them.

The [Prior Authorization form](#) can be found on the CIS website, third option under the 'Early Intervention Forms' section.

Documents that need to be submitted with the PA: Please include the PA form and a service grid that aligns with the service, service date(s), and frequency per month.

PAs must be submitted through GlobalScapes (Vermont's secure document transfer system). If you need a GlobalScapes account, contact: AHS.dfcddcisei@vermont.gov.

Section A: Service Provider Information

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):

Service Provider Name: This is the name of the person delivering the service. For example, if the service is delivered by a Home Health Agency, the name of the person working with the child would fall under this box.

Service Provider's Business Name: This is the name of the business that the provider is billing under. For example, if the service is delivered through a Home Health Agency, the Home Health Agency would be in this box.

Service Provider Discipline: This should be the type of service that is delivered (PT/OT/SLP/ etc.). Often, there are several providers serving the same child who are employed by the same business, such as Home Health Agencies. This ensures that the right codes are used.

Provider ID Number (including prefix): This is the number that the provider is identified as under the Medicaid system. Provider ID's can be the NPI number or can be the shorter ID number assigned through Gainwell.

Section B: Child's Information

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:	

Name (Last, First): This should be the child's name.

DOB: This is the child's date of birth.

SSN or UID: PAs can be input with either the child's Social Security Number or their Medicaid UID. If you do not have this information, please reach out to the child's service coordinator.

Current One Plan Date: This is the date of the most recent update to the One Plan.

CIS Service Coordinator Name: This is the name of the child's primary service coordinator- they are the ones who hold the plan and coordinate services. It is important to know who this is in the event that there are any questions that need to be asked.

CIS Service Coordinator Email: This is the email for the primary service provider, so if there are questions, the State can reach out to them for clarifications.

Host Agency Region: This is the CIS region that the client resides in. If you are not sure what region you belong to, please connect with the child’s service coordinator.

Section C: Request for Services

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 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 codes and modifiers (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		
Requested start date of PA: []		
Comments: []		

Procedure Codes: For private providers- enter the code(s) you are requesting. *Please ensure that you include modifiers.*

Revenue Codes: For Home Health Agencies or VNAs, select from the three revenue codes:

- 420- Physical Therapy services
- 430- Occupational Therapy services
- 440- Speech Therapy services

Request start date of PA: Every PA **must** have this! This is when the PA is set to begin.

- Prior Authorizations are approved for 6-month segments, unless the child has or is anticipated to exit the program. The 6 months are calculated using the first date of service month. For example:
 - A PA is requested to start January 1, 2024. The end date to this would be June 30, 2024.

- A PA is requested to start January 30, 2024. The end date would still be June 30, 2024.

Comments: This is a space to record relevant information related to the PA. Examples include:

- Client has denied access to their private insurance
- There is a new provider taking over
- Frequency has changed

Section D: Request for an Additional Evaluation

D. Request for an Additional Evaluation (Each child is entitled to one (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:	Requested start date of PA: <input type="text"/>

Evaluation Code: Please indicate what evaluation code should be used. Providers should use their discretion to choose the most appropriate code. For more information on codes, please reference the [fee schedule on the Medicaid website](#).

Reason additional evaluation is needed within 12 calendar months: This describes why the additional evaluation is needed. Examples of this include:

- Providers have changed and the new provider would like to do their own evaluation
- An evaluation is needed for plan reviews, but it is within 12 months from the prior evaluation.
- There has been some traumatic event in the child's life that merits re-evaluation.

Previous evaluation for this specialty: This is the date that the first evaluation happened. The State general rule is that we will approve evaluations after 6 months of the original evaluation. If an evaluation is needed before the 6 months, a detailed reason for the additional evaluation is needed.

Requested start date of PA: This is the date that the second evaluation is planned (or actually) happened. This is the date that is entered as the start date on the PA. This **must** be filled out.

Section E: Request for Additional Meeting Units (99366-99368)

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

Describe how additional meetings will benefit the child and their goals:	
Frequency per month:	
Requested start date of PA:	

Describe how additional meetings will benefit the child and their goals: This describes the nature of the meetings. This does not need to be exhaustive. Examples of notes include:

- A child with complex needs requires their providers to team more often.
- A plan review is coming up and providers want to meet to ensure they are all on the same page.

Frequency per month: This is the number of meetings that are projected to occur each month.

Requested start date of PA: this is the date that the PA should start on. This **must** be completed.

Section F: Request for Exceptional Mileage

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 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:	
Actual start date of service:	Requested start date of PA:

Starting physical address (street, city, state): This should be where the provider is starting their journey.

Service location’s physical address (street, city, state): This is the location the service was actually delivered.

Total round trip miles: This should indicate how many miles round trip it is between the starting and ending locations. The State will verify using the two locations.

Actual Start date of Service: This is the first date of service that was provided.

Requested start date of PA: This is the date that the PA should begin on. This space **must** be filled out.

Section G: Signatures

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.DCFDCDCISEI@vermont.gov.
Fax: 802-241-0168

Full Name (print):	Signature:	Date:
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Full Name (print): Please fill out the name of the person submitting the PA. This can be the provider themselves, or any biller that works on the provider’s behalf.

Signature: Please electronically sign the form. If you are unable to do so, best practice would be to include the signature through other means if there are some available.

Date: This should be the date that this PA request was completed and signed.