

Requests for Prior Authorizations (PA) will **only** be considered with a copy of the child's most recent One Plan (OP) Service Grid which reflects the requested service provider's discipline, frequency of visits, and an actual start date of service. Requests for PA will not be backdated more than six (6) months. Incomplete requests for PA will be denied and returned.

Request Type:		
<input type="checkbox"/> First time submission	<input type="checkbox"/> Re-submission due to errors	<input type="checkbox"/> Extension of needed services

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 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 the family has denied permission to bill their private insurance, please attach the Insurance Form (<http://cispartners.vermont.gov/forms>) to this request.

If this child has a medical diagnosis, the home health agency provider **must** first submit a 9-Block form to the Department of Vermont Health Access (DVHA). If DVHA has denied coverage, please attach a copy of their denial to this request.

Procedure Codes (<i>check all that apply</i>):							
<input type="checkbox"/> 97530GO		<input type="checkbox"/> 97532TL + T1027		<input type="checkbox"/> Other: _____ (required)			
<input type="checkbox"/> 97530GP		<input type="checkbox"/> S5111 – ASD		<input type="checkbox"/> 9252622GN (prescription must be attached and cannot be greater than six (6) months old)			
Revenue Codes (HHAs and VNA): <input type="checkbox"/> 420 <input type="checkbox"/> 430 <input type="checkbox"/> 440		Requested start date of services:		Date of ASD DX / Date family was informed of suspected ASD (<i>required if S5111 was selected</i>):			
Comments:							
CIS USE ONLY	PA #:	Start Date:	End Date:	Unit(s):	Start Date:	End Date:	Unit(s):

D. Request for an Additional Evaluation (T1023)

Each child is entitled to one (1) **specialty** evaluation per discipline per 12 month period without a PA.

Reason additional evaluation is needed within 12 calendar months.							
Previous evaluation date for this specialty:				Planned date for requested specialty evaluation:			
CIS USE ONLY	PA #:	Start Date:	End Date:	Unit(s):	Start Date:	End Date:	Unit(s):

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

Each child is entitled to six (6) meeting units (30-minute increments) per discipline per calendar year without a PA.

Describe how additional meetings will benefit the child and his/her goals:							
Frequency per month:				Planned length of each meeting in 30-minute increments: _____ minutes			
Total units per month:				Requested Start Date:			
CIS USE ONLY	PA #:	Start Date:	End Date:	Unit(s):	Start Date:	End Date:	Unit(s):

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:			Frequency per month:			Total units per month:	
Actual start date of service:				Requested start date of PA:			
CIS USE ONLY	PA #:	Start Date:	End Date:	Unit(s):	Start Date:	End Date:	Unit(s):

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, and compliant with CIS Early Intervention guidance (<http://cispartners.vermont.gov/manual>).

Fax: 802-241-0168 **Mail:** 280 State Drive, NOB 1 North, Waterbury, VT 05671-1040

Full Name (print):			Signature:			Date:	
CIS USE ONLY	CIS Employee's Full Name (print):		Signature:			Date:	
	Notes:						