



Provider-Specific FAQs for HealthCheck Services

Topic Category Guide

HealthCheck
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HealthCheck

Question: What is EPSDT?

Answer: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid benefit that covers most diagnostic and intervention services a child or teen up to the age of 21 may need.

The goal of the program is to prevent illnesses and to find and treat health issues early through comprehensive, preventive health checkups and services.

Question: What is HealthCheck?

Answer: HealthCheck is the term used for EPSDT in Wisconsin. The HealthCheck benefit provides periodic, comprehensive health screening exams (also known as “well child checks”), interperiodic screens, outreach and case management, and additional medically necessary services (referred to as HealthCheck “Other Services”) for members under 21 years of age.

Question: What is the periodicity schedule?

Answer: Wisconsin Medicaid follows the screening recommendations and visit schedule of the American Academy of Pediatrics (AAP). The AAP recommendations are summarized on a table commonly referred to as the periodicity schedule. The schedule summarizes the ages at which recommended health screening services are to be provided as a child grows. (Refer to the AAP website at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf for the current schedule.)

Question: How are HealthCheck services accessed?

Answer: HealthCheck comprehensive screens are available without prior authorization (PA). Primary care providers, including pediatricians, nurse practitioners, local health departments, and physician clinics, will provide the appropriate components of a HealthCheck screen, based on AAP or other best practice guidelines, as part of a comprehensive well child exam. No special forms are required.

HealthCheck interperiodic screens are available without PA, and any Medicaid-enrolled provider, within the scope of their license, may provide these screens. No special forms are required.

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HealthCheck outreach and case management services are also available without PA. Medicaid-enrolled outreach and case management agencies or the member's HMO may initiate outreach to the member. The member can also contact these agencies for information and assistance in obtaining HealthCheck screens or services.

Question: What is a comprehensive HealthCheck screen?

Answer: Comprehensive HealthCheck screens are age-appropriate medical wellness check-ups that occur on a regular basis and include the following components:

- A comprehensive health and developmental history including:
 - ✓ A health history
 - ✓ A nutritional assessment
 - ✓ A developmental-behavioral assessment
 - ✓ Health education and anticipatory guidance for the member and caregiver
- A comprehensive unclothed physical exam
- A hearing screen
- A vision screen
- An oral assessment, plus referral to a dentist beginning when the first tooth erupts or by age 1
- Age-appropriate immunizations (according to age and health history per the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices guidelines)
- Appropriate laboratory tests (including blood lead level testing when appropriate for age)

Conditions identified during a HealthCheck screen may be referred for additional evaluation, which is covered by Wisconsin Medicaid. These conditions may result in recommendations for services that may be covered.

Question: What is a HealthCheck interperiodic screen?

Answer: Interperiodic screens are visits with qualified providers that occur outside of the AAP periodicity schedule. They may be recommended by any professional who comes into contact with the child such as physicians, dentists, health officials, or educators. An interperiodic screen can be problem-focused or may include any or all components of the comprehensive screen. These visits may be required to diagnose a new illness or condition or to determine whether a previously diagnosed illness or condition requires additional services.

Question: Who can be a HealthCheck screener?

Answer: Wis. Admin. Code § [DHS 105.37\(1\)\(a\)](#), defines the following types of providers and agencies that may qualify for [HealthCheck screener enrollment](#):

- Physicians
- Outpatient hospital facilities
- HMOs
- Visiting nurse associations
- Local public health agencies
- Home health agencies

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- Rural health clinics
- Indian health agencies
- Neighborhood health centers
- Nurse practitioners
- Clinics operated under a physician's supervision

Question: What are HealthCheck outreach and case management services?

Answer: Medicaid-enrolled HealthCheck outreach and case management agencies and HMOs provide outreach and basic case management services to inform members about and help them obtain HealthCheck services. These agencies may identify when a member has missed a check-up according to the periodicity schedule or may identify health needs through other public health programs such as blood lead screening or nutrition programs.

Case management services are specifically related to helping the member obtain HealthCheck services such as assisting with scheduling, arranging transportation to a HealthCheck visit, or ensuring that appropriate referrals and follow-ups occur following a HealthCheck visit.

Question: Do managed care organizations (MCOs) follow fee-for-service requirements for HealthCheck services, as well as HealthCheck “Other Services”?

Answer: All HealthCheck requirements must be adhered to for members who receive services under managed care arrangements. ForwardHealth is responsible for medically necessary services not included in the managed care contract. It is the responsibility of the MCO to ensure members are aware of HealthCheck and to assist members with accessing benefits and services.

HealthCheck “Other Services”

Question: What are HealthCheck “Other Services”?

Answer: Wisconsin Medicaid covers most diagnostic and intervention services a member may need. However, federal law requires that states provide any additional health care services that are coverable under the federal Medicaid program and found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered regardless of whether or not the service is routinely covered in a state’s Medicaid program. HealthCheck “Other Services” is Wisconsin’s term for this federal requirement.

These “other services” include a broad array of interventions, such as physician services, dental care, therapies, home health services, and medical equipment and supplies, which improve the member’s condition, prevent regression, or maintain the member’s status.

Question: How will I know if a service is federally allowable for HealthCheck “Other Services”?

Answer: Federally allowable Medicaid services are listed in § 1905(a) of the Social Security Act. These services may be defined or otherwise clarified in other sections of the Act. HealthCheck may cover

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treatments and products that fit within these categories of coverable services when the requested treatment or product is determined to be medically necessary.

Question: How are HealthCheck “Other Services” accessed?

Answer: HealthCheck “Other Services” usually require PA, since the determination of coverage is made on a case-by-case basis, depending on the needs of the member.

A comprehensive HealthCheck screen is generally the first step to access HealthCheck “Other Services” not otherwise covered by Wisconsin Medicaid. However, providers should note that coverage for HealthCheck “Other Services” may also be allowed after follow-up screens or other health care visits.

For example, a screen provided by a dental professional is sufficient to allow coverage of medically necessary dental services under HealthCheck “Other Services” even if the need for the service was not identified during the comprehensive screen. Likewise, a hearing or vision professional could determine that a child needs additional services under HealthCheck “Other Services” to correct a hearing or vision problem, which may result in coverage for services.

Question: What’s an example of a covered HealthCheck “Other Service”?

Answer: For example, Wisconsin Medicaid covers two sets of hearing aids per year. If a 14 year old already received two pairs of hearing aids and needs a third set in less than a year, the hearing aid provider could submit a PA request for the extra hearing aids and rationale for the third set. Wisconsin Medicaid would then make a coverage determination based on the needs of the child. If approved, this would be covered as a HealthCheck “Other Service” because the child is under 21 years of age.

Question: What kinds of services or products would not be covered as HealthCheck “Other Services”?

Answer: Non-medical services and products are not covered as HealthCheck “Other Services.” Per federal Medicaid guidelines, coverage for items such as furniture or home modifications are specifically excluded.

Question: What are the coverage limitations for HealthCheck “Other Services”?

Answer: Coverage under HealthCheck “Other Services” does not include:

- Services that are not Medicaid coverable under federal law
- Services or products not generally accepted as effective and/or not within the normal course and duration of treatment
- Experimental or investigational treatments
- Non-medical services and products
- Services for caregiver or provider convenience
- Reimbursement in excess of ForwardHealth’s published maximum allowable fees

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Question: Can personal care wipes be covered under HealthCheck “Other Services”?

Answer: Yes. Personal care wipes may be covered under HealthCheck “Other Services” with PA. Any willing Medicaid-certified provider may submit a PA request for wipes, which will be reviewed on an individual basis for medical necessity.

J&B Medical Supply holds the ForwardHealth sole-source, mail order contract for urologic and incontinence supplies. The contract does not include personal care wipes. J&B Medical Supply is neither required to supply personal care wipes nor submit a PA request for personal care wipes. Members may use a different Medicaid-enrolled supplier to obtain personal care wipes.

Note: Skin barrier wipes, which act as a skin barrier when an adhesive is applied, are available for use with urologic supplies under the J&B Medical Supply contract. This is a different product type than personal care wipes.

Prior Authorization

Question: If a comprehensive or interperiodic HealthCheck screen includes a referral to a dentist, is PA required?

Answer: No. If the provider refers a child to a dentist following a comprehensive or interperiodic HealthCheck screen, a PA request is not required.

Question: When is PA required for dental services?

Answer: Wisconsin Medicaid covers most routine dental services for children under 21 years of age without PA. However, Wisconsin Medicaid does require PA for dental services that are not normally covered. One example is orthodontic services. Dental services that exceed the recommended visit schedule sometimes require PA. If needed, the dentist will submit the PA request on the child’s behalf.

Question: What does medical necessity mean?

Answer: For a health care service to be deemed medically necessary under HealthCheck “Other Services,” the requested service must be likely to correct or ameliorate the member’s condition, including maintaining current status or preventing regression. The requested service must also meet the medical necessity standards according to Wis. Admin. Code § [DHS 101.03\(96m\)](#). The determination of whether a service is medically necessary is made on a case-by-case basis, taking into account the individual needs of the child.

If a PA request for a member under age 21 does not meet standard Medicaid guidelines (for example, the requested procedure code is not currently covered), includes services that are prohibited by policy, or is not expected to result in a favorable improvement in the member’s condition, the request is considered under the HealthCheck “Other Services” benefit. The provider is not required to submit a second PA request to ForwardHealth.

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Question: Are the child’s individual medical needs considered part of the determination of medical necessity?

Answer: Yes. The PA process is Wisconsin Medicaid’s method for evaluating individual circumstances and determining the medical necessity of a requested service according to Wis. Admin. Code § [DHS 107.02\(3\)\(e\)](#). Every PA request for a member under age 21 is first processed according to standard Medicaid guidelines. Requests that can be approved according to standard Medicaid guidelines are not considered HealthCheck “Other Services” requests.

Question: Who determines whether or not a service is medically necessary?

Answer: Both the member’s treating provider and ForwardHealth play a role in determining whether or not a service is medically necessary. The treating provider submits information via a PA request to explain the need for services. ForwardHealth clinical experts will review all the submitted information and will also review Wis. Admin. Code § DHS 101.03(96m) to determine what Wisconsin Medicaid can cover. If the provider and ForwardHealth disagree about whether a service is medically necessary for the member according to the administrative code, ForwardHealth is responsible for making the decision based on the evidence submitted. Members can appeal the decision through a fair hearing.

Question: What types of providers are allowed to submit PA requests for HealthCheck “Other Services”?

Answer: Any Medicaid-enrolled provider can submit a PA request for HealthCheck “Other Services.” Medicaid providers include doctors, nurse practitioners, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists, and other health care professionals enrolled through ForwardHealth.

Question: Are county waiver agencies able to submit PA requests for HealthCheck “Other Services”?

Answer: Only Medicaid-enrolled providers can submit PA requests. County waiver agencies are not a recognized ForwardHealth provider type, although some counties may employ staff members who are enrolled with ForwardHealth to provide coverable services such as mental health services.

Question: Does the parent, guardian, or caregiver of the child need to provide any paperwork to ForwardHealth for requested HealthCheck “Other Services”?

Answer: No. The health care provider is responsible for submitting any required forms and/or clinical documentation for requesting HealthCheck “Other Services.” Parents, guardians, or caregivers may be asked to provide clinical documentation such as physician notes or an Individualized Education Plan to their provider for the PA request.

Question: Do I need to have a PA request denied before submitting a PA for HealthCheck “Other Services”?

Answer: No. PA requests will be automatically reviewed under HealthCheck “Other Services” guidelines as needed for all members under age 21. Providers do not have to submit an additional PA request for the request to be considered as a HealthCheck “Other Service.”

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Question: I am submitting a PA request for HealthCheck “Other Services” on behalf of my patient. What PA request form should I use?

Answer: For most service areas, a Prior Authorization Request Form (PA/RF), F-11018 (05/13), is required. However, if the PA/RF is not applicable, such as requests for medically necessary dental services or hearing aids, a Prior Authorization Dental Request Form (PA/DRF), F-11035 (07/12), or Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020 (05/13), respectively, is required.

Question: Do I need to check the HealthCheck “Other Services” box on the PA/RF?

Answer: It is helpful but not essential to check the HealthCheck “Other Services” box on the form. However, if you are entering a PA request on the secure Provider area of the ForwardHealth Portal and you do not know which attachment form to use, you **must** select Yes for HealthCheck “Other Services” on the first screen of the Portal PA request. Checking Yes will allow you to submit the PA without an attachment form. While you might not need to complete an attachment, you still need to upload clinical documentation that supports your request.

Question: If I forgot to check the HealthCheck “Other Services” box on the PA/RF (sent via the Portal, mail, or fax), do I need to resend the PA request?

Answer: No. The request will be processed automatically as a HealthCheck “Other Services” request for members under 21 years of age unless the request is for services not routinely covered by Wisconsin Medicaid. More information about how to submit a [HealthCheck “Other Services” PA request](#) for a service not routinely covered by Wisconsin Medicaid is available in the ForwardHealth Online Handbook.

Question: Do I need a PA attachment form with the PA/RF, PA/DRF, or PA/HIAS1 when submitting a PA request for a HealthCheck “Other Service”?

Answer: Yes, a service-specific PA attachment is required. If a provider is unclear which PA attachment form to use, they can submit the rationale and clinical documentation (for example, test results or clinical notes) in its place. For submissions via the Portal, the provider must respond Yes to the question, “Is this a HealthCheck ‘Other Service’?” so that clinical documentation can be submitted without a PA attachment form.

Question: I am submitting a PA request for a drug as a HealthCheck “Other Service.” What form(s) do I use?

Answer: Pharmacy providers should submit the PA/RF and a completed Prior Authorization/Drug Attachment (PA/DGA) form, F-11049 (07/2016), to ForwardHealth to request PA for HealthCheck “Other Services.”

Prescribers are required to complete the appropriate section(s) of the PA/DGA as it pertains to the drug being requested.

Question: Is there a specific HealthCheck “Other Services” procedure code?

Answer: No. When submitting a PA request for HealthCheck “Other Services,” providers should enter the procedure code that most accurately describes the service, even if the code is not ordinarily covered

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by Wisconsin Medicaid. Unlisted procedure codes can be requested if the service is not accurately described by established procedure codes. ForwardHealth policy on [unlisted procedure codes](#) is available in the Online Handbook.

For proper claims adjudication, when services are approved through HealthCheck “Other Services,” providers are required to submit claims with the procedure codes and modifiers or National Drug Codes as indicated on the PA response. More information about how to submit a [HealthCheck “Other Services” PA request](#) for a service not routinely covered by Wisconsin Medicaid is available in the Online Handbook.

Question: My PA request for a HealthCheck “Other Service” was returned as incomplete. Does that mean it was denied?

Answer: No. If the PA request is incomplete or additional information is needed to substantiate the necessity of the requested service, the PA request will be returned to the provider. A return for more information is not a denial.