

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and other Managed Care Programs

Clarifications to HealthCheck Services

This *ForwardHealth Update* provides clarifications to providers regarding HealthCheck services, including HealthCheck comprehensive screens, HealthCheck interperiodic screens, outreach and case management, and HealthCheck “Other Services.” ForwardHealth will follow this *Update* with separate HealthCheck publications for members and their families, county waiver agencies, and other stakeholders, as well as provide guidance to providers for submitting prior authorization (PA) requests for HealthCheck “Other Services.”

Overview

The purpose of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is to ensure that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible. HealthCheck is the term used for EPSDT in Wisconsin. The HealthCheck benefit provides periodic, comprehensive health screening exams (also known as “well child checks”), as well as interperiodic screens, outreach and case management, and additional medically necessary services (referred to as HealthCheck “Other Services”) for members under 21 years of age.

ForwardHealth is working to increase the focus on viewing children holistically and to develop ways to get them quicker access to appropriate HealthCheck “Other Services.” The intent of this *Update* is to help providers understand HealthCheck coverage and when services may be covered under HealthCheck “Other Services.” Federal law requires

state Medicaid programs to provide EPSDT services for Medicaid members under 21 years of age.

Information from this *Update* is included in the HealthCheck (EPSDT) service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

HealthCheck Comprehensive Screens

HealthCheck provides access to comprehensive medical, vision, hearing, and dental screens according to the periodicity schedule recommended by the American Academy of Pediatrics (AAP). Refer to the AAP website at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf for the current schedule.

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

- 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. Refer to the HealthCheck “Other Services” section of this *Update* for details.

Accessing Comprehensive Screens

Comprehensive HealthCheck screens are available without PA. Primary care providers, including pediatricians, nurse practitioners, local health departments, and physician clinics, should 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.

Note: Medicaid reimbursement is limited to Medicaid-enrolled providers.

Refer to the Comprehensive HealthCheck Screening Components and Periodicity topic (topic #2402) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck Interperiodic Screens

Interperiodic screens are visits with qualified providers that occur outside 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. Interperiodic screens ensure that access to a necessary service is not delayed by waiting until the next scheduled wellness check-up.

Like comprehensive HealthCheck screens, conditions identified during an interperiodic screen may result in recommendations for services that may be covered. Refer to the HealthCheck “Other Services” section of this *Update* for details.

Accessing Interperiodic Screens

Interperiodic HealthCheck 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.

Refer to the Interperiodic Visits topic (topic #2396) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck Outreach and Case Management

Medicaid-enrolled HealthCheck outreach and case management agencies and HMOs provide outreach and basic case management services to inform and assist members in obtaining 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.

Accessing Outreach and Case Management Services

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

Refer to the Outreach and Case Management Services chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck "Other Services"

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 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.

The needed service must be allowable under federal Medicaid law, per § 1905(a) of the Social Security Act, and must be medically necessary and reasonable for a particular child to be covered by Wisconsin Medicaid. Most HealthCheck "Other Services" require PA, per Wis. Admin. Code § DHS 107.02.

Note: A forthcoming *Update* will explain the PA process for providers submitting a PA request for HealthCheck "Other Services."

Accessing HealthCheck "Other Services"

When a member's need for additional services is identified during a HealthCheck comprehensive check-up or an interperiodic screen, the qualified provider should write an order or prescription for the recommended services.

Providing the member with a written order or prescription is important since Wisconsin Medicaid requires one for many services. In addition, HealthCheck "Other Services" usually require PA, since the determination of coverage is typically made on a case-by-case basis, depending on the needs of the member.

A comprehensive HealthCheck screen is generally the first step to accessing 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.

Refer to the HealthCheck "Other Services" chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

Determining Medical Necessity for HealthCheck "Other Services"

HealthCheck "Other Services" allows coverage that goes beyond Wisconsin Medicaid limitations to provide services that are needed to address the individual medical circumstances of the member, but services covered under HealthCheck "Other Services" must be coverable under federal Centers for Medicare and Medicaid Services guidelines.

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.

If a PA request for a member under age 21 does not meet standard Medicaid guidelines (e.g., the requested procedure code is not currently covered), includes services that are prohibited by policy, or is not expected to result in a favorable change in the member’s condition, the request is processed under the HealthCheck “Other Services” benefit to evaluate whether the requested service is likely to correct or ameliorate the member’s condition, including maintaining current status or preventing regression. The provider is not required to submit a second PA request to ForwardHealth.

In accordance with Wis. Admin. Code § DHS 107.02(3)(e) and based on the individual circumstances described in the PA request, HealthCheck “Other Services” requests may be approved when **all** of the following are true:

- The requested service does not appear to be for the convenience of caregivers (including parents and guardians) or providers and is medically necessary.
- The requested service requires the skills of a licensed clinician for planning or implementation.
- There are not more cost-effective alternative services available to address the member’s condition.
- The requested service is expected to result in favorable improvement, reduced regression of skills, stabilization, or increased tolerability of the member’s condition.
- The requested service has proven to be of medical value or usefulness.

ForwardHealth determines which service to cover among equally effective, available alternative treatments.

ForwardHealth has the authority to do all of the following:

- Review the medical necessity of all requests.
- Establish criteria for the provision of such services.
- Determine the amount, duration, and scope of services as long as the authorized amount is reasonable and maintains the intent of the HealthCheck benefit.

Refer to the Requirements topic (topic #41) in the HealthCheck “Other Services” chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck “Other Services” Limitations

HealthCheck “Other Services” provides additional access to other services a member might require to meet the medical needs or concerns that have been identified and/or prescribed by a medical professional. Coverage under HealthCheck “Other Services” does not include:

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

Refer to the interactive maximum allowable fee schedules on the Portal. To access the fee schedules, click the Fee Schedules link in the Providers quick links box of the Portal home page, and then click the Interactive Max Fee Search link in the Quicklinks box.

All PA requests and claims for HealthCheck “Other Services” must follow National Correct Coding Initiative standards. Refer to the National Correct Coding Initiative topic (topic #11537) in the Responses chapter of the Claims section of the Online Handbook for more information.

HealthCheck and Managed Care

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 managed care organization to ensure members are aware of HealthCheck and to assist members with accessing benefits and services.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 2/5/2019 and the information contained in *Update* was incorporated into the Online Handbook on 5/3/2019.