

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

## Explanation of Prior Authorization Requirements for HealthCheck “Other Services”

### HealthCheck 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 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 continues to focus on viewing children holistically while developing ways to get members under age 21 quicker access to appropriate HealthCheck “Other Services.” The intent of this *ForwardHealth Update* is to help providers understand the documentation requirements for submitting prior authorization (PA) requests for HealthCheck “Other Services” and to explain the two types of PA requests.

For additional information regarding HealthCheck and HealthCheck “Other Services,” providers should review the February 2019 *Update* (2019-05), titled “Clarifications to HealthCheck Services.”

### HealthCheck “Other Services” PA

Providers submitting PA requests for HealthCheck “Other Services” should review the two types of PA requests. The following types of PA requests have their own submission requirements:

- Requests for exceptions to coverage limitations
- Requests for federally allowable Medicaid services not routinely covered by Wisconsin Medicaid

#### ***PA Submission Requirements for Exceptions to Coverage Limitations***

HealthCheck “Other Services” may additionally cover established Medicaid health care services that are limited in coverage.

If a PA request is submitted requesting additional coverage for a benefit where there is established policy, the request is automatically 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.

Examples of coverage limitations include service amounts that are prohibited by policy, or the requested service is not expected to result in a favorable change in the member’s condition or diagnosis.

Every PA request for a member under age 21 is first processed according to standard Medicaid guidelines and

then reviewed under HealthCheck “Other Services” guidelines. For these reasons, providers do **not** need to take additional action to identify the PA request as a HealthCheck “Other Services” request. Do not check the HealthCheck “Other Services” box in Element 1 of the Prior Authorization Request Form (PA/RF), F-11018 (05/13).

If an established benefit will be requested at a level that exceeds Wisconsin Medicaid coverage limits, in addition to the required PA documentation detailed in the appropriate service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/), the request should provide:

- The rationale detailing why standard coverage is not considered acceptable to address the identified condition.
- The rationale detailing why the requested service is needed to correct or ameliorate the member’s condition.

### ***PA Submission Requirements for Services Not Routinely Covered by Wisconsin Medicaid***

HealthCheck “Other Services” allows coverage of health care services that are not routinely covered by Wisconsin Medicaid, but are federally allowable and medically necessary to maintain, improve, or correct the child’s physical and mental health, per § 1905(a) of the Social Security Act. These HealthCheck “Other Services” require PA since the determination of medical necessity is made on a case-by-case basis depending on the needs of the child.

If a PA request is submitted requesting coverage for a service that does **not** have established policy and is not an exception to coverage limitations, the provider is required to identify the PA as a HealthCheck “Other Services” request by **checking the HealthCheck “Other Services” box** and submit the following information:

- A current, valid order or prescription for the service being requested:
  - ✓ Prescriptions are valid for 12 or fewer months from the date of the signature (depending on the service area).

- ✓ Updated prescriptions may be required more frequently for some benefits.
- A completed PA/RF, for most service areas, including the following:
  - ✓ For Element 1, **check the HealthCheck “Other Services” box**. This selection will allow clinical documentation to be submitted on the Portal without including a PA attachment form.
  - ✓ For Element 19, enter the procedure code that most accurately describes the service, even though the code is not covered by Wisconsin Medicaid. Unlisted procedure codes can be requested if the service is not accurately described by existing procedure codes. For ForwardHealth policy on unlisted procedure codes, refer to the Unlisted Procedure Codes topic (topic #643) of the Codes chapter of the Covered and Noncovered Services section of the Online Handbook.
  - ✓ For Element 20, enter informational procedure code modifier EP (Service provided as part of Medicaid early periodic screening diagnosis and treatment [EPSDT] program) to indicate that the service is requested as a HealthCheck “Other Services” benefit.
  - ✓ For Element 22, include the description of the service.
- A completed 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), when the PA/RF is not applicable
- A PA attachment form(s) for the related service area, if known, or clinical documentation substantiating the medical necessity of the requested procedure code and give:
  - ✓ The rationale detailing why services typically covered by Wisconsin Medicaid are not considered acceptable to address the identified condition or why services were discontinued.
  - ✓ The rationale detailing why the requested service is needed to correct or ameliorate the member’s condition.

- Evidence the requested service is clinically effective and not harmful (If the requested service is new to Wisconsin Medicaid, additional documentation regarding current research and/or safety of the intervention may be submitted.)
- The manufacturer’s suggested retail price (only when the request is for equipment)
- The 11-digit National Drug Code (NDC) for any dispensed over-the-counter drugs on pharmacy PA requests

### Important PA Submission Reminders

Refer to the Prior Authorization section of the Online Handbook or the Forms page in the Providers area of the Portal for PA attachment forms. If the provider is unclear which PA attachment form to use, the provider can submit the rationale and clinical documentation (e.g., test results or clinical notes).

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.**

For more information about submitting PA requests via the Portal, fax, or mail, refer to the ForwardHealth Provider Portal Prior Authorization User Guide. To access the user guide, click the Portal User Guides link on the Providers home page of the Portal.

Providers are encouraged to review all PA responses and note the codes or code-modifier combinations that have been approved.

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 NDCs as indicated on the PA response.

### Information Regarding HealthCheck and Managed Care Organizations

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/](http://www.forwardhealth.wi.gov/).

P-1250

This *Update* was issued on 2/25/2019 and the information contained in *Update* was incorporated into the Online Handbook on 5/3/2019.