



West Virginia HealthCheck

Talking Points for HealthCheck Technical Assistance-page 2 Revised 10-2015

- Any treatment plan that necessitates services that **exceed** benefit limitations or services that are **not included** in West Virginia's State Medicaid Plan must be documented during a HealthCheck initial, periodic or interperiodic screening.
- Prior authorization is required for any item or service that exceeds benefit limitations or any item or service that is not included in West Virginia's State Medicaid Plan, the need for which having been identified during a HealthCheck initial, periodic or interperiodic screening.
- When requesting an item or service requiring prior authorization it is the responsibility of the prescribing primary care provider to submit the **(1)** appropriate clinical documentation i.e., ICD-10 code(s), all information required on the **(2)** Preventive Health Screening form (PHS) page 2, **(3)** the EPSDT Prior Authorization form (for services not included in WV's State Medicaid Plan) along with corresponding documentation of the **(4)** HealthCheck screening (initial, periodic or interperiodic) encounter and other pertinent documentation from the preceding six (6) months.
- **IMPORTANT:** "EP" is the required modifier for all HealthCheck claim details. Utilizing the appropriate evaluation and management (E/M) code with the "EP" modifier appended, the primary care provider designates all services related to early and periodic screening, diagnosis and treatment (EPSDT) of the Medicaid eligible individual.

Requests for prior authorization should be sent directly from the primary care provider to:

APS HealthCare Inc.

100 Capitol Street, Suite 600

Charleston, WV 25301

Fax: 1-866-209-9632

Attention: EPSDT Service Medical Review

Page 2 of the PHS forms is available on the HealthCheck website:

www.dhhr.wv.gov/healthcheck

West Virginia HealthCheck Program

1-800-642-9704