

West Virginia CHIP Benefit Plan Summary (and Comparison of West Virginia Medicaid Benefits)

January 2003

WV CHIP REIMBURSEMENT:

- 1) Payments to participating physicians and other health professionals are based on a maximum fee schedule using a Resource Based Relative Value Scale (RBRVS), as established by the West Virginia Children's Health Insurance Program (WV CHIP). This scale is the same one utilized by the West Virginia Public Employees Insurance Agency and can be seen at the website at www.wvpeia.com for those procedure codes covered by WV CHIP.
- 2) All inpatient hospital/facility reimbursement is based on Diagnostic Related Group (DRG) methodology or discounted rates negotiated with out-of-state hospitals or providers participating in PEIA networks.
- 3) Any participating provider is subject to the following:

Precertification: Providers are required to report any inpatient stay and to obtain approval for the admission in advance. Certain specified outpatient procedures also require advance approval. Failure by providers to precertify the service in advance may result in unpaid claims. ***All precertification requirements are shown with asterisks (*) on the following chart.***

Penalties: Claims will not be paid for procedures that are not medically necessary, for any service that is not a covered benefit or for a procedure that is required to be precertified through Acordia National.

No Balance Billing to Plan Participants: Medicaid and WV CHIP reimbursement must be considered as payment in full.

UTILIZATION MANAGEMENT

Both WV CHIP and WV Medicaid require precertification for some benefits through a utilization management firm (UM).

- The Utilization Manager for WV CHIP is Acordia National. They can be reached at 1-800-356-2392.
- Medicaid's Utilization Manager is the West Virginia Medical Institute (WVMI). They can be reached at 1-800-642-8686.

The following chart compares each category of benefits offered by the WVCHIP Program and Medicaid. All WVCHIP benefits are covered at 100% of the fee schedule allowance unless otherwise indicated in the following chart:

WV CHIP Benefits 2003		WV Medicaid Benefits
Air Ambulance	Covered to nearest appropriate facility.	Covered
Ground Ambulance	Covered for emergency care and for necessary hospital.	Covered
Allergy Testing and Allergy Injections	Covered *Precertification required for tests.	Covered
Audiology	*Covered (See Hearing Services.)	Covered
Cardiac Rehabilitation	*Benefits are limited to 3 sessions per week for 12 weeks or 36 sessions per year for the following conditions within 12 months of a heart attack, coronary bypass surgery, or stabilized angina pectoris.	NOT COVERED
Case Management	Covered as requested by members for assistance managing the care and special needs of children with long term conditions, illness, or disability. In some instances, case management is required by the UM as part of the service (for example: hospice).	Medicaid provides case management as part of many specialized programs for the mentally ill, mental retardation, and community based programs.
Chemical Dependency, Inpatient Services	*Combined with Mental Health, Inpatient Services. Treatment service limit is combined with that for inpatient mental health services.	Covered for eligible children through age 20 without limitations. Adult coverage limited to acute admissions for detox. All admissions require pre-admission review and continued stay certification.
Child Focused Intervention (CCFI) Services	NOT COVERED	In-home services provided by behavioral health agencies to children who are at risk for removal from their homes. Services provide intervention for parents and family to reduce risk of removal.
Chiropractic Services	*Covered up to \$1,000 maximum per year.	Covered, 12 visits per year per eligible individual. Visits exceeding 12 require prior approval.

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Clinical Laboratory Services	Covered	Covered. Reimbursed at Medicare level minus 10%.
Contraceptives	See Family Planning Services .	See Family Planning Services .
Dental Services	<p>Covered benefits include an exam every 6 months, bitewings every 6 months, cleaning and fluoride treatments every 6 months, sealants and fillings, treatment of abscesses, extraction related to abscess and root canal therapy, and removal of cysts.</p> <p>Providers submit "Pre-Determination of Benefits" for any non-routine check-up or procedure.</p>	<p>Comprehensive dental services are covered for Medicaid eligible individuals through age 20.</p> <p>*Orthodontic services and certain general dental procedures require prior authorization to show medical necessity criteria are met. Adult coverage limited to repair of fractures, emergency extractions, biopsies, certain oral surgery procedures.</p>
Dental, Accident-Related Restorative Services	Covered for services provided within 6 months of accident if service is required to restore tooth structures damaged due to accident.	
Dental Surgery	<p>*Removal of impacted teeth is covered. All other procedures require preauthorization by claims administrator.</p> <p>Orthognathic surgery and ridge construction for Class III and IV atrophy covered if preauthorized by the claims administrator. Treatment of TMJ not covered.</p>	Comprehensive coverage for children through age 20. Coverage for adults limited to repair of fractures, emergency extractions, biopsies, removal of tumors, specific procedures for oral surgery.
Durable Medical Equipment	*Covered	Covered. Custom wheelchairs and certain orthotic/prosthetic devices, hospital beds, respiratory, etc., must be preauthorized.

*All services marked with * MUST be precertified*

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<p>Early Intervention Program (EI) A specialized Medicaid program of services for children up to 3 years of age who have developmental delays/disability.</p>	<p>CHIP covers many of the same therapies available in the EI Program such as Speech Therapy (ST), Physical Therapy (PT), and Occupational Therapy (OT). They are only available through a coordinated approach when case management is requested or recommended; services are not provided in-home. (See ST, PT, and OT categories for service limits.)</p>	<p>Services include comprehensive, multi-disciplinary assessments, OT, PT, ST, and audiological services. Some services and evaluations are performed on an in-home basis.</p>
<p>Emergency Outpatient Hospital Facility</p>	<p>Covered. Many diagnostic tests or outpatient services may require precertification (see "Outpatient Surgery" and "Outpatient Diagnostic and Therapeutic Services").</p>	<p>Covered. Medicaid may require preauthorization.</p>
<p>EPSDT (Health Check) A Medicaid program of preventive and periodic screening for children.</p>	<p>Annual physicals, immunizations, and other preventive screens performed by physician covered. (See Well Child Care Visits.)</p>	<p>Services include annual exams - semi-annual doctor visits, follow-up assistance to notify and schedule families of missed periodic screening. (See Well Child Care Visits.)</p>
<p>Family Planning Services</p>	<p>Covered. Includes:</p> <ul style="list-style-type: none"> • Family planning services and supplies. • Oral contraceptives covered through the pharmacy benefit. • Contraceptive devices and implants are covered. <p>Excludes tubal ligations and vasectomies.</p>	<p>Includes family planning services and supplies. Covered through the Family Planning Program administered by the Maternal and Child Health Program and through reimbursement to private practitioners. Sterilization procedures only available to persons age 21 and older with informed consent 30 days prior to surgery.</p>
<p>Hearing Services</p>	<p>*Includes annual exams and external hearing aids when medically necessary.</p>	<p>Covered; for persons through age 20.</p>
<p>Hemophilia Factor</p>	<p>Covered</p>	<p>Covered</p>

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Home Health Services	*Covered. Includes 25 two-hour visits maximum per benefit period.	Covered. Requires precertification. 124 units of service in a calendar year.
Hospice	*Must be case-managed.	Covered. Not case-managed.
Immunizations	Covered; as recommended by the American Academy of Pediatrics.	Covered
Inpatient Hospital	*Covered for semi-private room rate. Non certified days are not reimbursed.	Covered. Hospital reimbursement by Medicaid is based on Diagnosis Related Group (DRG) payment methodology. Inpatient services must be precertified at admission.
Inpatient Physician Visits (Attending)	Covered. One visit per day by attending physician.	Covered. One visit per day attending physician. Attending may request specialty consultation.
Inpatient Surgery	*Covered	Covered. Hospital reimbursement is based on Diagnosis Related Group (DRG).
Lead Testing & Treatment	Covered	Covered as routine lab service.
Maternity Services	Prenatal services are covered. For coverage of labor and delivery, referral is made to Maternal, Child and Family Health Services.	Covered
MRI and MRA	*Covered. Magnetic Resonance Imaging and Magnetic Resonance Angiography services performed on an outpatient basis.	Covered, no precertification required.

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<p>Mental Health, Inpatient Services (Includes Partial Hospitalization and Day Programs)</p>	<p>*Covered. Inpatient benefit is limited to 30 days per year. Partial hospitalization and day programs are limited to 60 visits per year. Inpatient Chemical Dependency is covered as part of this same benefit.</p>	<p><u>Inpatient Mental Health:</u> Short term and long term psychiatric residential services provided in Medicaid approved facilities. Target groups are sexual offenders, substance abuse, and psychiatric/behavioral disorders that need a restrictive environment for effective treatment. <u>Partial Hospitalization:</u> Partial Hospitalization is defined by Medicaid as hospital outpatient service, and is covered for both children and adults for purpose of chemical dependency/substance abuse and other psychiatric diagnoses treatment, subject to precertification by the UM program.</p>
<p>Mental Health, Outpatient Services</p>	<p>Maximum 26 visits per year as authorized by UM. Must be rendered by MD, clinical psychologist, social worker, psychiatric nurse, or counselor rendering treatment is within scope of licensure. Combined with Outpatient Chemical Dependency.</p>	<p>Medicaid covers many specialized services for persons with serious and persistent mental illness and for persons with mental retardation. These services require assessment to confirm diagnosis and level of disability. Some services can be rendered in a home or residential setting as described in the “Behavioral Health Clinic and Behavioral Health Rehabilitation Manuals.” For a description of these services, consult a licensed behavioral health center in your community.</p>
<p>Non-Emergency Transportation (NEMT)</p>	<p>NOT COVERED</p>	<p>Covered for scheduled medical services approved by Medicaid. Reimbursement of mileage for use of personal vehicle to go to scheduled covered medical services. Reimbursed at State Employees Travel Allowance rate.</p>
<p>Occupational Therapy</p>	<p>*Covered. \$1,000 maximum per year: can exceed if authorized by UM.</p>	<p>Covered. Limit of 20 visits in a calendar year. Services that exceed this require prior authorization.</p>

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<p>Organ and Tissue Transplants</p>	<p>*Covered when medically necessary and non-experimental. Contact the UM firm as soon as it is learned that a transplant may be needed. Transplant-related drugs covered through prescription drug program are case-managed.</p>	<p>Medicaid covered for eligible individuals subject to precertification by utilization management agency. Transplant patients are case managed through the utilization management agency. Drugs are paid through the prescription drug program.</p>
<p>Outpatient Diagnostic & Therapeutic Services</p>	<p>Covered. The following procedures require <u>precertification</u>:</p> <ul style="list-style-type: none"> • Abortion • Allergy Testing • Knee Arthroscopy • Cardiac Rehab • Cataract extraction • Chiropractic care and treatment • Colonoscopy • Durable Medical Equipment (DME) purchase or rental and prosthetics • Laparoscopy • Pain Management Services • PET Scan • Septoplasty or sub mucous resection • Tonsillectomy with/without adenoidectomy • Vision Therapy 	<p>Covered. Some of these procedures also require precertification review by the Medicaid UM.</p>
<p>Outpatient Surgery</p>	<p>Covered. The following procedures require <u>precertification</u>:</p> <ul style="list-style-type: none"> • Abortion • Arthroscopy of the knee • Cataract extraction • Colonoscopy • Laparoscopy • Magnetic Resonance Angiography (MRA) • Magnetic Resonance Imaging (MRI) • Septoplasty or sub mucous resection • Tonsillectomy with or without adenoidectomy 	<p>Medicaid covered in all treatment settings. Hospital outpatient surgery and freestanding ambulatory surgery centers.</p>

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Pap Smear & Associated Office Visit	Covered	Covered
Parallel Care Allows two or more physicians to treat for unrelated diagnoses.	Covered	Covered when physician documentation shows that patient's medical condition warranted parallel care.
Periodic Physicals	See Well Child Care Visits.	See Well Child Care Visits.
Personal Care Services	NOT COVERED	Services ordered by a physician which are provided in recipient's place of residence. Services include activities related to personal hygiene, dressing, feed, nutrition, environmental supports. Personal Care is a 30 minute unit with a maximum 120 units per month.
Physical Therapy	20 visits maximum per year. *Visits over the limit must be precertified in advance and case-managed by the UM.	Covered. 20 visits per calendar year. Services that exceed limit require prior authorization.
Physician Consultations (Inpatient/Outpatient)	Covered	Covered
Rehabilitation Services (in an Inpatient medical facility)	Covered. Limit is 150 days per calendar year.	Inpatient medical rehabilitation services covered for children through age 20; must be precertified at admission and recertified periodically by the UM.
Right From The Start A specialized Medicaid program for mothers and infants.	NOT COVERED	Medicaid eligible or up to 200% of poverty level. Provides in-home case management to at-risk moms and infants up to one year.
Skilled Nursing Facility (SNF)	*Covered for semi-private and ancillary charges if in lieu of hospitalization. Limit is 180 days per year.	Precertified. No limits.

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Speech Therapy	Covered when ordered by a physician. Limited to \$1,000 per year unless further therapy is approved in advance and case managed by the UM.	Covered by Medicaid. All speech therapy services require prior authorization.
Supplies	Certain procedure codes are covered by WV CHIP.	Certain procedure codes are covered by Medicaid.
Urgent Care and After Hours Clinic Visits	Covered	Covered under heading of evaluation/management codes, one per day.
Vision Services	<p>Covered. Includes:</p> <ul style="list-style-type: none"> • Annual exams and eye wear. • Lenses/frames or contacts maximum of \$125. • Office visit and exam are covered in addition to \$125 eye wear limit. <p>The eye wear cost may exceed this amount with medical necessity and prior approval.</p>	Covered. Includes annual exam for children through age 20, fitting and dispensing of glasses, and repair and replacement as necessary. Adult coverage limited to one pair of glasses after cataract surgery per lifetime.
Vision Therapy	*Vision therapy maximum of \$750.	Covered for children through age 20. Requires prior authorization.
Well Child Care Visits	Periodic physicals, screening, and immunizations from birth through age 16, as recommended by the American Academy of Pediatrics (AAP).	Covered as part of the EPSDT (Health Check) Program by participating physicians in private practice.
X Ray Services	Covered	Covered

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