

USEFUL DEFINITIONS FOR UNDERSTANDING CRITERIA FOR HEALTH CHECK OTHER SERVICES

MEDICAL SERVICES

Definition

Medical services are those services which are directed toward diagnostic, preventive, therapeutic, or palliative treatment of a medical condition and which are performed, directed, or supervised by a State licensed health professional. The term "medical services" also includes any room and board (i.e., food and shelter) provided during a medical confinement (SI 00815.100), as well as in-kind medical items such as prescription drugs, eyeglasses, prosthetics and their maintenance, etc.

Sources of Medical Services

Medical services may be provided directly by treatment facilities or practitioners. They may also be made available indirectly through a variety of other sources. Some examples of Federal medical services programs are Medicare and CHAMPUS (Civilian Health and Medical Plan for the Uniformed Services).

*SSA Policy Site POMS Section SI00815.050
Medical and Social Services, Related Cash, and In-Kind Items*

MEDICAL NECESSITY

Wisconsin Medicaid reimburses only for services that are medically necessary as defined under HFS 101.03(96m), Wis. Admin. Code. Medicaid may not reimburse or may recoup payment for a service if a service fails to meet Medicaid medical necessity requirements.

A medically necessary service is defined as a covered service that:

- a. Is required to prevent, identify, or treat a recipient's illness, injury, or disability.
- b. Meets the following standards:
 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury, or disability;
 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;

3. Is appropriate with regard to generally accepted standards of medical practice;
4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, Wis. Admin. Code, is not experimental in nature;
6. Is not duplicative with respect to other services being provided to the recipient;
7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
8. With respect to prior authorization of a service and to other prospective coverage determinations made by the Department of Health and Family Services (DHFS), is cost-effective compared to an alternative medically necessary service that is reasonably accessible to the recipient; and
9. Is the most appropriate supply or level of service that can be safely and effectively provided to the recipient.

This definition applies to *all* Medicaid services.

***Wisconsin Medicaid
All-Provider Handbook
PHC 1300-C, June 2000***