



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]

DECISION

MNP/143384

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 24, 2012, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) in regard to Medical Assistance (MA), a hearing was held on October 3, 2012, by telephone.

The issue for determination is whether the DHCAA correctly denied payment for a medical test.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Written submission of Eileen McRae

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Oconto County.
2. Petitioner has been eligible for the Family Planning Waiver since 2004. She has not been eligible for regular MA since 2006.
3. In 2010 petitioner had a colposcopy test. It was paid by the Department because it was billed as a family planning service.
4. In February, 2012, petitioner had another colposcopy done by Prevea. Prevea did not submit the bill to the Department as being part of a family planning visit, and it billed petitioner instead.

5. After petitioner filed this appeal a Department representative contacted Prevea. The provider responded that the service was not provided as part of a family planning visit.

### DISCUSSION

The FPW program provides limited benefits for family planning services for women and men with income at or below 300% of the Federal Poverty Level (FPL) and who are 15 years of age or older and not enrolled in BadgerCare Plus or another full benefit Medicaid program.

A colposcopy is reimbursable through the FPW under certain circumstances. A colposcopy is reimbursable by FPW when an abnormal pap test is obtained prior to the colposcopy. MA Provider Handbook, Topic 2366.

Petitioner testified that she had an abnormal pap test prior to this colposcopy and she thought it was part of a family planning service. The problem for the program is that it cannot pay for a service if the provider does not submit the bill under the correct code. Similarly, the Division of Hearings and Appeals cannot order the program to pay for the service if the provider insists that the service is not covered. I cannot order Prevea to submit the bill as a family planning service.

I suggest that petitioner contact the Department's Constituent Relations office. The telephone number is 608 266-8427. Constituent Relations can work as an intermediary between the client and the provider if the provider is not handling billing correctly.

### CONCLUSIONS OF LAW

The DHCAA correctly denied payment for a medical procedure because the provider did not submit it as a family planning service for which petitioner was eligible.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,  
Wisconsin, this 9th day of October, 2012

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Brian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals

c: Division of Health Care Access And Accountability - email  
Department of Health Services - email



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on October 9, 2012.

Division of Health Care Access And Accountability