



STATE OF WISCONSIN  
Division of Hearings and Appeals

---

In the Matter of

██████████  
██████████  
██████████

DECISION

MPA/148428

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed April 1, 2013, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for panniculectomy surgery, a hearing was held on May 21, 2013, by telephone.

The issue for determination is whether the requested procedure has been shown to be medically necessary.

PARTIES IN INTEREST:

Petitioner:

██████████  
██████████  
██████████

Respondent:

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

By: Written submission of Richard M. Carr, M.D.

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Rock County who receives MA.
2. On November 4, 2013, ██████████ requested authorization on petitioner's behalf for excision of excess abdominal skin, PA no. 5130630100.
3. Petitioner had a gastric bypass surgery in August, 2011. Her weight dropped 65 pounds. She now has excessive skin on her abdomen.
4. After receiving the PA request the DHCAA requested additional information concerning petitioner's condition and whether conservative measures have failed. The provider did not respond. By a letter dated March 12, 2013, the DHCAA denied the request.

### **DISCUSSION**

Surgeries for the removal of excess skin require prior authorization. Wis. Admin. Code, §DHS 107.06(2)(zf). When authorization is requested, the DHCAA reviews the request to determine whether the surgery is medically necessary. Wis. Admin. Code, §DHS 107.02(3)(e). The DHCAA's approval criteria for such surgery is that there must be skin infection, maceration beneath skin folds, some type of clinical condition such as dermatitis, or interference with potential employment. Prior Authorization Guidelines, p. 117.004.02. The provider must submit photographs with the request to verify that the medical conditions exist to the extent that would warrant approval of the surgery. Id., p. 117.004.01. It is the provider's responsibility to justify the need for the service. Wis. Admin. Code, §DHS 107.02(3)(d)6.

Basically MA will cover skin excision surgery if the provider documents problems with infections, rashes, or skin breakdown that do not respond well to conservative treatment such as lotions or powders. The problem with petitioner's request is that the provider did not document such problems or any conservative treatment. There is reference in the PA request to rashes and in a letter provided prior to the hearing Dr. Heuer mentions pain caused by pulling, but there is insufficient documentation to support the need for the surgery.

As I mentioned to petitioner during the hearing, her provider can always file another PA request with better documentation. I must find that the DHCAA correctly denied the request at issue in this appeal.

### **CONCLUSIONS OF LAW**

The DHCAA correctly denied a request for a panniculectomy because there was insufficient documentation of medical problems caused by excess skin and of conservative treatment of the problems.

**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 served and 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, 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 24th day of May, 2013

---

\sBrian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



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

David H. Schwarz  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on May 24, 2013.

Division of Health Care Access And Accountability