



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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/151010

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**PRELIMINARY RECITALS**

Pursuant to a petition filed July 26, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on September 10, 2013, at West Bend, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner's PA request for a physical therapy evaluation.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Pamela Hoffman

Division of Health Care Access and Accountability  
1 West Wilson Street, Room 272  
P.O. Box 309  
Madison, WI 53707-0309

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Washington County.

2. On May 22, 2013, the Petitioner's provider submitted a PA request to the agency requesting physical therapy services requesting coverage of a physical therapy evaluation and 5 sessions of physical therapy treatment to be provided over the summer months.
3. On June 14, 2013, the agency denied the Petitioner's PA request.
4. Petitioner is a 5 year old with primary diagnosis of Down Syndrome with gross motor delay. She lives at home. She is in the Early Childhood program at school during the school year.
5. On July 26, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### DISCUSSION

The Petitioner's mother represented her at the hearing. She testified that she is no longer appealing the therapy sessions that were denied because the intent was for the therapy to occur over the summer months. However, the Petitioner's mother requests a review of whether the evaluation that was performed can be covered by MA.

As with all other services, MA will cover an evaluation only if there is a medical need for it. In this case, the agency denied the therapy sessions concluding that the services: were not medically necessary because the skills of a PT were not required to progress the Petitioner's strength and balance over the summer months; there are more cost effective solutions; there was no evidence that the Petitioner's school therapist did not complete a comprehensive evaluation of the Petitioner's gross motor needs and provide a home exercise program for the summer months. The agency concluded that another PT evaluation was not necessary.

The MA Provider Handbook discusses evaluations in two topics. Number 2746 states that evaluations are not reimbursed if a screening is sufficient or if the evaluation is not medically necessary. Number 4571 expands the description of coverage of evaluations. Specifically with regard to this appeal, there is a note that an evaluation may be denied if it was duplicative of another service. "If a member is receiving other therapy services in another setting or from another provider, the medical need for a second provider must be supported.... [A] therapy evaluation performed for the purpose of a second opinion is not covered."

Evaluations are not reimbursed by ForwardHealth when any of the following are true:

A screening is sufficient.

Professional skills of a PT, OT, SLP provider are not required to perform the evaluation.

...

Medicaid Provider Handbook, Topic #2746

Evaluations are not to be approved for reimbursement if:

A screening could have provided the same conclusions and recommendations as a comprehensive evaluation.

The professional skills of a PT, OT, or SLP provider were not required to perform the evaluation. The information obtained from the therapy evaluation must justify that a therapist was required to perform the evaluation. The consultant reviewing the PA request may consider one or more of the following questions to determine if the professional skills of a PT, OT, or SLP provider were necessary:

What tests or measures were used in the therapy evaluation that led to conclusions that were not known about the member before the evaluation?

Why is the therapy evaluation required to be completed? What is the purpose of the evaluation?

Do other reports or medical records include the same information about the member?

Could the member's medical needs be met, or have they already been met, by a person other than a therapist?

Medicaid Provider Handbook, Topic #4751.

In this case, the goals of the PT sessions that were included Petitioner being able to ascend and descend stairs while carrying an object and improve balance to increase ability to put on pants or shoes without sitting down and without support. The school IEP notes that in terms of the Petitioner's gross motor skills, she is emerging to walk up and down stairs and it further notes that she is completing motor imitation tasks such as yoga poses. It also noted she needs minimal assist to maintain poses that require one foot balance.

The agency asserts that the school therapist could have provided a home exercise program to assist Petitioner and her parents maintain or improve skills at home during the summer. The Petitioner asserts the skills learned at school are different from those proposed by the therapy requested in the PA. The evidence in the IEP suggests that the Petitioner was working on ascending and descending stairs as well as balance at school. The agency also notes that the Petitioner has actively engaged in and could continue to engage in dance, swimming, horse riding, gymnastics, yoga and other play activities that would be effective in improving strength and balance.

Based on all of the evidence provided, I agree with the agency conclusion that the evaluation was not medically necessary under the Medicaid guidelines because a screening would have been sufficient and the information obtained from the therapy evaluation did not justify that a therapist was required to perform the evaluation.

### **CONCLUSIONS OF LAW**

The agency properly denied the PA request for reimbursement of the PT evaluation.

**THEREFORE, it is **ORDERED****

That the petition be, and hereby is, 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 Milwaukee,  
Wisconsin, this 14th day of October, 2013

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\sDebra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



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

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The preceding decision was sent to the following parties on October 14, 2013.

Division of Health Care Access And Accountability