



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

In the Matter of

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

DECISION

MPA/167661

PRELIMINARY RECITALS

Pursuant to a petition filed July 29, 2015, 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 August 26, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the Department correctly denied the petitioner’s prior authorization request for breast reduction surgery.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

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

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Respondent:

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

By: Lora Wiggins

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

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner is a resident of Milwaukee County.

2. The petitioner is 16 years old. She is 4 feet 11 inches tall and weighs 251 pounds. Her body surface area is 2.36 square meters.
3. The petitioner's doctor notes that she has "extremely large breasts that demonstrate grade 3 ptosis." The petitioner reports having some shortness of breath and issues with back pain and sores. She has a history of Asthma, mood disorder, and depression.
4. On June 17, 2015 the petitioner's provider submitted a prior authorization request for bilateral breast reduction surgery and recreation or replacement of the nipples.
5. On July 2, 2015 the Department denied the prior authorization request.
6. On July 28, 2015 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.

DISCUSSION

A service is medically necessary if it is "[r]equired to prevent, identify or treat a recipient's illness, injury or disability..." Wis. Adm. Code, §DHS 101.03(96m)(a). To help determine whether a service is medically necessary, the department has issued guidelines found in the *Prior Authorization Guidelines Manual*.

Wisconsin Medicaid covers breast reduction surgery for female members with breast hypertrophy (enlarged breasts) with a prior authorization (PA). Online Forward Health Handbook topic #18257 viewable online at <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=2&c=103&nt=Reduction+Mammoplasty> (last viewed August 2015). The handbook goes on to state:

Reduction mammoplasty is clinically indicated for **women 18 years of age or older** with breast hypertrophy if all of the following are true:

There is significant physical functional impairment.

The procedure can be reasonably expected to improve the physical functional impairment.

Signs and/or symptoms resulting from the breast hypertrophy have not responded adequately to any non-surgical interventions.

For individuals whom breast reduction is a covered service, the *Prior Authorization Guidelines Manual*, §117.006.02, requires the following for approval of breast reduction surgery:

- 1) Documentation that conservative treatment has been unsuccessful in alleviating clinical symptoms with a trial period of at least 3 months; *and*
- 2) An appropriate amount of breast tissue must be removed from each breast. (Determine by using criteria set forth by P.L. Schnur, MD, et al MS Reduction Mammoplasty: Cosmetic [sic] or Reconstructive Procedure? *Ann Plast Surg* 1991 27:232-237.); *and*

- 3) Documentation of at least 4 medical signs/symptoms of macromastia, such as: postural backache (ICD-0 724.5, 781.9), upper back and neck pain (ICD-9 724.1, 723.1), chronic breast pain due to breasts (ICD-9: 611.71), “true hypertrophy” (ICD-9 611.1), intertrigo (severe and intractable inflammation and/or infection in the fold beneath the breasts) (ICD-9 695.89), shoulder grooving and kyphosis (ICD-9 737.10), gross asymmetry of the breasts or absence of a breast, resulting from resection of the opposite breast due to cancer or infection.

In this case the Department correctly denied breast reduction surgery because the petitioner is 16, and it is not a covered service for anyone under 18. The doctor from the Department writes:

The member was noted to be 4 foot 11 inches tall and 251 pounds, and this is likely to change given her age. Should breast reduction be undertaken prior to full growth development, the breasts may grow to a significant size again, and may require repeat breast reduction surgery. For this reason, it is not medically necessary to consider breast reduction surgery until the member has achieved a stable adult weight.

I further note that even if the petitioner was 18 years old, there is no documentation that conservative treatment has been unsuccessful in alleviating clinical symptoms with a trial period of at least 3 months. The petitioner states that she has issues with sores, that her back hurts her, and that she cannot walk a block. I have no reason to doubt that these statements are true. I encourage the petitioner to attempt conservative treatment in order to alleviate these symptoms. Breast reduction is not a covered surgery for the petitioner at this time.

CONCLUSIONS OF LAW

The Department correctly denied the petitioner’s prior authorization request for breast reduction surgery.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 Court **and** served either personally or by certified mail on the Secretary of the Department of

Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 28th day of August, 2015

\sCorinne Balter
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 August 28, 2015.

Division of Health Care Access and Accountability