

# **Prior Authorization: Follow-Up to a Prior Authorization Denial**

## **Appealing a Decision**

If a PA request is denied or modified by Wisconsin Medicaid, only a recipient, or authorized person acting on behalf of the recipient, may file an appeal with the Division of Hearings and Appeals (DHA). Decisions that may be appealed include:

- Denial or modification of a PA request.
- Denial of a retroactive authorization for a service.

The recipient is required to file an appeal within 45 days of the date of the "Notice of Appeal Rights" letter from Wisconsin Medicaid. Refer to Appendix 3 of this section for a sample of this letter.

To file an appeal, recipients may complete and submit a Request for Fair Hearing form, DHA-28. The Request for Fair Hearing form may be downloaded and printed from the Recipient page of the Medicaid Web site.

Though providers cannot file an appeal, they are encouraged to remain in contact with the recipient during the appeal process. Providers may offer the recipient information necessary to file an appeal and help present his or her case during a fair hearing.

## **Appealing a Decision: Fair Hearing Decision Upholds Medicaid's Decision**

If the hearing decision upholds Medicaid's decision to deny or modify a PA request, the DHA notifies the recipient and Wisconsin Medicaid in writing. The recipient may choose to receive the service (or in the case of a modified PA request, the originally requested service) as a noncovered service, not receive the service at all, or appeal the decision.

## **Appealing a Decision: Fair Hearing Overturns Medicaid's Decision**

If the hearing decision overturns Medicaid's decision to deny or modify the PA request, the DHA notifies Wisconsin Medicaid, the recipient, and the provider. The letter includes instructions for the provider and for Wisconsin Medicaid.

If the DHA letter instructs the provider to submit a claim for the service, the provider should submit the following to Wisconsin Medicaid after the service(s) has been performed:

- A paper claim with "HEARING DECISION ATTACHED" written in red ink at the top of the claim.
- A copy of the hearing decision.
- A copy of the denied PA request.