Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2178314
Decision Date:	12/15/2021	**Hearing Date:**	December 07, 2021
Hearing Officer:	Brook Padgett		

Appellant Representative:

[redacted]

MassHealth Representative:

Robin Brown
Stacey Andrews, RN

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied	**Issue:**	130 CMR 450.204
Decision Date:	12/15/2021	**Hearing Date:**	December 07, 2021
MassHealth Rep.:	Robin Brown	**Appellant Rep.:**	[redacted]
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The Appellant received a notice dated October 11, 2021 denying the Appellant's prior authorization (PA) request for a Pedisure as documents submitted are insufficient to determine medical necessity. (Exhibit 1).

The Appellant filed this appeal timely on October 21, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's PA request for a Pedisure.

Issue

Is the Appellant's request for a Pedisure medically necessary?

Summary of Evidence

MassHealth testified the Appellant's provider All Care Medical Supply submitted a request for Pedisure on September 30, 2021. The request was denied on October 09, 2021 as the documents submitted were insufficient to determine medical necessity. The submitted medical notes do not indicate the Appellant is underweight, had a recent weight loss, is not gaining weight, is malnourished or unable to consume an age appropriate diet. The medical evidence indicates the Appellant is 7 years old, is 4 foot 5 inches tall, weighs 64 pounds with a Body Mass Index (BMI) of 16.2 which is in the 65th percentile for her age and represents a healthy weight. Although the Appellant's mother has indicated the Appellant is a picky eater and has developmental delays there is no formal evaluation. Medical notes indicate the Appellant's physician has indicated the Appellant's weight is fine and requested the Appellant be fed less Ensure (currently getting 3-4 cans a day). All other system reviews were within normal limits. MassHealth submitted into evidence a prior authorization request, medical notes, AllCare invoice, and relevant rules and regulations. (Exhibit 4).

The Appellant's mother responded that the Appellant was delivered by emergency C-section. At this time the Appellant was given two different formulas which caused her to have 8 months of diarrhea and develop Colitis. Due to this issue the Appellant required Pedisure for her first 6 years. The representative indicated she is now having difficulty finding a physician to prescribe Pedisure, so she has been providing the Appellant Ensure out of her own pocket. The representative stated the Appellant has two gastroenterologists (GI's); however, she has yet to be able to get either of them to prescribe Pedisure for the Appellant.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant, through his medical equipment provider, requested prior approval for a Pedisure on September 30, 2021. (Exhibit 4).

2. The Appellant's mother has indicated the Appellant is a picky eater and has developmental delays. (Testimony and Exhibit 4).

3. The Appellant has no formal evaluation of the diagnosis of picky eater and developmental delays. (Testimony and Exhibit 4).

4. The Appellant is 7 years old, 4 foot 5 inches tall, and is at a healthy weight of 64 pounds with a BMI of 16.2. (Exhibit 4).

5. Medical notes indicate the Appellant is not underweight, had any recent weight loss, is not gaining weight, is malnourished or unable to consume an age appropriate diet.

Analysis and Conclusions of Law

MassHealth requires prior authorization for all enteral nutrition[1] products and uses MassHealth guidelines[2] to determine medical necessity. The guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs. A member is considered to be at nutritional risk if he or she has actual, or potential for developing, malnutrition, as evidenced by clinical indicators, the presence of chronic disease, or increased metabolic requirements due to impaired ability to ingest or absorb food adequately.

The medical evidence indicates the Appellant is 7 years old, is 4 foot 5 inches tall, is at a healthy weight of 64 pounds with a BMI of 16.2 which is in the 65th percentile for her age. While the Appellant's mother has indicated the Appellant is a picky eater and has developmental delays there

[1] Enteral nutrition is defined as nutrition requirements that are provided via the gastrointestinal cavity by mouth (orally) or through a tube or stoma that delivers the nutrients distal to the oral cavity.

[2] **Section II: Clinical Guidelines A. Clinical Coverage** MassHealth bases its determination of medical necessity for enteral nutrition products on clinical data, including but not limited to, indicators that would affect the relative risks and benefits of the products. These criteria include, but are not limited to, the following. **1.** Enteral nutrition, whether orally or by tube feeding, is used as a therapeutic regimen to prevent or treat serious disability, or to prevent death, in a member with a medically diagnosed condition that precludes the full use of regular food. **2.** The member presents clinical signs and symptoms of impaired digestion, malabsorption, or nutritional risk, as indicated by the following anthropometric measures: **a.** weight loss that presents actual, or potential for developing, malnutrition as defined: **i.** in *adults*, showing involuntary or acute weight loss of greater than or equal to 10 percent of usual body weight during a three-to-six-month period, or body mass index (BMI) below 18.5 kg/m2; **ii.** in *neonates*, *infants*, and *children*, showing **(a)** very low birth weight (VLBW <1500g) even in the absence of gastrointestinal, pulmonary, or cardiac disorders; **(b)** a lack of weight gain, or weight gain less than two standard deviations below the age appropriate mean in a one-month period for children under six months, or two-month period for children aged six to 12 months; **(c)** no weight gain or abnormally slow rate of gain for three months for children older than one year, or documented weight loss that does not reverse promptly with instruction in appropriate diet for age; or **(d)** weight for height less than the 10th percentile; and **b.** abnormal laboratory tests pertinent to the diagnosis. **3.** The risk factors for actual or potential malnutrition have been identified and documented. Such risk factors include, but are not limited to, the following: **a.** anatomic structures of the gastrointestinal tract that impair digestion and absorption; **b.** neurological disorders that impair swallowing or chewing; **c.** diagnosis of inborn errors of metabolism that require food products modified to be low in protein (for example, phenylketonuria (PKU), tyrosinemia, homocystinuria, maple syrup urine disease, propionic aciduria, and methylmalonic aciduria); **d.** intolerance or allergy to standard milk-based or soy infant formulas (for example, diarrhea, bloody stool, excessive gas, abdominal pain, severe GERD, severe eczema) that have improved with a trial of specialized formula; **e.** prolonged nutrient losses due to malabsorption syndromes or short-bowel syndromes, diabetes, celiac disease, chronic pancreatitis, renal dialysis, draining abscess or wounds, etc.; **f.** treatment with anti-nutrient or catabolic properties (for example, anti-tumor treatments, corticosteroids, immunosuppressants, etc.); **g.** increased metabolic and/or caloric needs due to excessive burns, infection, trauma, prolonged fever, hyperthyroidism, or illnesses that impair caloric intake and/or retention; or **h.** a failure-to-thrive diagnosis that increases caloric needs while impairing caloric intake and/or retention. **4.** A recent (within the past year) comprehensive medical history and a physical examination and, if applicable, laboratory tests have been conducted to detect factors contributing to nutritional risk.**5.** Enteral nutrition is indicated as the primary source of nutritional support essential for the management of risk factors that impair digestion or malabsorption, and for the management of surgical preparation or postoperative care.

is no formal evaluation, and the Appellant's physician has indicated the Appellant's weight is fine and the assessment is all systems are normal. The Appellant's physician specifically instructed the Appellant should be given less than the 3-4 cans of Ensure she is currently receiving.

There is no medical evidence in the record that the Appellant is at nutritional risk, or potential for developing, malnutrition, as evidenced by clinical indicators, the presence of chronic disease, or increased metabolic requirements due to impaired ability to ingest or absorb food adequately. Based on the medical evidence submitted the Appellant request for Pedisure is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: PA Unit