

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: APPROVED

Appeal Number: 2179188

Decision Date: 3/07/2022

Hearing Date: 01/18/2022

Hearing Officer: Kenneth Brodzinski

Appearance for Appellant:




Appearance for MassHealth:

Angela Grip PT



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	APPROVED	Issue:	Prior Authorization – DUR
Decision Date:	3/07/2022	Hearing Date:	01/18/2022
MassHealth's Rep.:	Angela Grip, PT	Appellant's Rep.:	
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

Through a notice dated October 29, 2021, MassHealth denied Appellant's request for prior authorization for the power accessory to a manual wheelchair (Exhibit A). Appellant filed for an appeal in a timely manner on December 6, 2021 (see 130 CMR 610.015(B) and Exhibit B). Denial of prior authorization for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by the MassHealth

MassHealth denied Appellant's request for prior authorization for the power accessory to a manual wheelchair.

Issue

The appeal issue is whether MassHealth correctly applied the controlling regulation(s) to accurate facts in denying Appellant's request for prior authorization for the power accessory to a manual wheelchair.

Summary of Evidence

Both parties appeared by telephone. MassHealth submitted packet of documentation including a copy of the prior authorization request (Exhibit B). Appellant did not submit any additional documentation other than her appeal request (Exhibit A).

MassHealth was represented by a Registered Physical Therapist with over 30 years of direct clinical experience who serves as a Clinical Reviewer for MassHealth's Community Case Management (CCM) Program. She explained that CCM provides authorization and coordination of MassHealth Long Term Services and Supports (LTSS), which includes continuous skilled nursing (CSN) services and Durable Medical Equipment (DME), to a defined population of medically-complex MassHealth members.

The MassHealth representative testified that Appellant is 6 years old and has been involved with MassHealth/CCM since May 22, 2018. Appellant's primary diagnosis is Spinal Muscular Atrophy (SMA), Type 1. Appellant is authorized for 47 hours/week of Continuous Skilled Nursing (CSN) services out of school, 43 hours/week of CSN services when in school; and 25.75 hours/week of Personal Care Attendant (PCA) services out of school and 23 hours/week of PCA services in-school. Appellant's primary insurance is United Healthcare; MassHealth is Appellant's secondary insurer and by law, the payor of last resort.

On October 25, 2021, MassHealth/CCM received a Prior Authorization (PA) request from NuMotion for a Ki Mobility Rogue manual wheelchair and accessories including the power assist wheel feature (E0983). On October 29, 2021, MassHealth/CCM approved the Ki Mobility Rogue manual wheelchair and accessories except the for the requested power assist wheel feature E0983 (which includes the power add-on to convert the manual wheelchair to a motorized wheelchair and the joystick control), as it constitutes a duplication of the Appellant's Quantum Q6 Edge Power Wheelchair which MassHealth approved in November of 2020. MassHealth cited reliance on regulations 130 CMR: 409.414(B) (Noncovered Services) and 130 CMR 450.204(A)(1) and (2) (Medical Necessity).

The MassHealth representative testified that MassHealth/CCM did an extensive review of the documents submitted with the PA request (Exhibit C, pages 1-34) and the following documents:

- MassHealth Insurance Eligibility & Third-Party Liability (Exhibit B, pages 1-2)
- Community Case Management Service Record, dated 10/21/2021 (Exhibit B, pages 3-4).
- Community Case Management Long Term Care Needs Assessment, dated 10/21/2021 (Exhibit B, pages 5-10).
- Community Case Management Individualized Assessment for Skilled Nursing Needs, dated 10/21/2021 (Exhibit B, pages 11-14).

- Community Case Management Evaluation for Personal Care Attendant Services, dated 10/21/2021 (Exhibit B, pages 15-26).

The MassHealth representative testified that on October 27, 2021, she spoke with Appellant's mother who confirmed that Appellant successfully uses the Quantum Q6 Edge power wheelchair that was approved in November 2020 both in school and in the community. According to the MassHealth representative, Appellant's mother also confirmed that the family has a wheelchair-accessible van to transport the existing power wheelchair. Appellant's mother told the MassHealth representative that due to the weight of the power wheelchair, maneuvering to various areas in the community is challenging. The MassHealth representative explained that in order to meet this need, consistent with regulation 130 CMR 409.413(D), MassHealth will pay for a manual wheelchair as a backup to her existing power wheelchair.

MassHealth maintains that pursuant to regulations, the requested power accessory for the approved manual wheelchair would constitute an impermissible duplication of services and does not meet the medical necessity requirement insofar as her mobility needs are being met with her existing power wheel chair and the approved manual wheelchair.

Appellant was represented by her mother who was accompanied by a physical therapist from Boston Children's Hospital. Appellant's representative testified that Appellant relies on medical equipment for all of her ambulatory needs both inside and outside of the home. This includes accessing her doctors' offices, school, church and customary outings with her family such as going to restaurants and attending sporting events. Appellant's representatives testified that Appellant's existing Quantum power wheelchair is very useful throughout the day especially during extended periods because of its adjustable seating positions.

Appellant's representatives explained that the Quantum has some important limitations. Appellant's representatives testified that the Quantum is large and weighs 460 pounds. They explained that because of its size, it is difficult to maneuver in parts of the home. It is also too large to get into the home of Appellant's grandparents. Appellant's mother explained that this is very important because due to the Covid pandemic, the family has not been able to reliably obtain all of the MassHealth-approved in-home services; therefore, they need to rely on other family members, including Appellant grandparents, to assist with caring for Appellant when she is not in school. Appellant's mother also testified that due to the pandemic, it is taking weeks to months to obtain repairs to the Quantum.

Appellant's mother also testified that the large size of the Quantum has limited Appellant's ability to interact with her young peers. She noted that Appellant is only six years old and she has been left out of group activities outside of school such as birthday parties and playdates because the hosts of those event believed her chair would not fit or work well inside their home. Appellant's mother also explained that the large chair

can overwhelm the other children and she has seen how this is negatively impacting Appellant's ability to casually interact with her peers.

When asked by the hearing officer whether Appellant could use her manual wheelchair in these instances, Appellant's mother explained that Appellant is too young and does not have the strength to operate her own manual wheelchair. Instead, she has to rely on another person such as a caregiver to propel her in the manual wheelchair and that again inhibits Appellant's ability to simply interact spontaneously and intimately with her peers. Instead, Appellant is often left alone isolated in her chair.

Lastly, Appellant's mother testified that Appellant has been using a secondary power mobility device effectively along with the existing Quantum power wheelchair for a while, but Appellant has grown out of that device. Because of this, she has lost an important degree of access to the community which is negatively impacting her personal and social development.

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

- 1) Appellant is a ■-year-old female with a primary diagnosis is Spinal Muscular Atrophy (SMA), Type 1.
- 2) Appellant is authorized for 47 hours/week of Continuous Skilled Nursing (CSN) services out of school, 43 hours/week of CSN services when in school; and 25.75 hours/week of Personal Care Attendant (PCA) services out of school and 23 hours/week of PCA services in-school.
- 3) Appellant's primary insurance is United Healthcare; MassHealth is Appellant's secondary insurer.
- 4) On October 25, 2021, MassHealth/CCM received a Prior Authorization (PA) request from NuMotion for a Ki Mobility Rogue manual wheelchair and accessories including the power assist wheel feature (E0983).
- 5) MassHealth reviewed the documents submitted with the PA request (Exhibit C, pages 1-34) and the following documents: MassHealth Insurance Eligibility & Third-Party Liability (Exhibit B, pages 1-2); Community Case Management Service Record, dated 10/21/2021 (Exhibit B, pages 3-4); Community Case Management Long Term Care Needs Assessment, dated 10/21/2021 (Exhibit B, pages 5-10); Community Case Management Individualized Assessment for Skilled Nursing Needs, dated 10/21/2021 (Exhibit B, pages 11-14); and Community Case Management Evaluation for Personal Care Attendant Services, dated 10/21/2021 (Exhibit B, pages 15-26).

- 6) On October 29, 2021, acting pursuant to regulation 130 CMR 409.413(D) regarding the provision of manual wheelchairs to backup power wheelchairs, MassHealth approved the Ki Mobility Rogue manual wheelchair and accessories except the for the requested power assist wheel feature E0983 (which includes the power add-on to convert the manual wheelchair to a motorized wheelchair and the joystick control).
- 7) MassHealth's denied the power accessory on the grounds that it constitutes a duplication of the Appellant's Quantum Q6 Edge Power Wheelchair which MassHealth approved in November of 2020.
- 8) Appellant uses the Quantum Q6 Edge power wheelchair both in school and in the community.
- 9) Appellant's family has a wheelchair-accessible van to transport the existing power wheelchair.
- 10) MassHealth's denial was based on regulations 130 CMR: 409.414(B) (Noncovered Services) and 130 CMR 450.204(A)(1) and (2) (Medical Necessity).
- 11) Outside of the home, Appellant uses a wheelchair to access her doctors' offices, school, church and customary outings with her family such as going to restaurants and attending sporting events.
- 12) Appellant's existing Quantum power wheelchair is very useful throughout the day especially during extended periods because of its adjustable seating positions.
- 13) The Quantum is large and weighs 460 pounds.
- 14) Because of its large size, it is difficult to maneuver the Quantum in parts of Appellant's home.
- 15) The Quantum is also too large to get into the home of Appellant's grandparents who help care for Appellant when she is not in school.
- 16) Due to the Covid pandemic, Appellant's family has not been able to reliably obtain all of the MassHealth-approved in-home services; therefore, they need to rely on other family members, including Appellant grandparents, to assist with caring for Appellant when she is not in school.
- 17) The large size of the Quantum has limited Appellant's ability to interact with her young peers.
- 18) Appellant has been left out of group activities outside of school such as birthday

parties and playdates because the hosts of those event believed her chair would not fit or work well inside their home.

- 19) Appellant is too young and does not have the strength to operate her own manual wheelchair; instead, she has to rely on another person such as a caregiver to propel her in the manual wheelchair.
- 20) The limitations of the Quantum and the need to have a caregiver propel the manual wheelchair is negatively impacting Appellant' ability to interact spontaneously and intimately with her peers.
- 21) Appellant is often left alone isolated in her Quantum chair while her peers play and interact with each other.

Analysis and Conclusions of Law

130 CMR 450.204, which governs authorization of medical services, including the provision of durable medical equipment, states as follows (emphasis supplied):

- A. A provider may furnish or prescribe medical services to a recipient, or cause a recipient to be admitted to an inpatient facility, only when, and to the extent, medically necessary. A service is "**medically necessary**" if:*
- 1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; **and***
 - 2) there is no **comparable** medical service or site of service available or suitable for the recipient requesting the service that is more conservative or less costly. Medical services shall be of a quality that meets professionally recognized standards of health care, and shall be substantiated by records including evidence of such medical necessity and quality. Those records shall be made available to the MassHealth upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)*

Additionally, 130 CMR 409.414 states in pertinent part - MassHealth will not pay for:

(B) DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 409.000, and 130 CMR 450.204: Medical Necessity. This includes, but is not limited to, items that:

- (1) cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness, disability, or injury;*

(2) are more costly than medically appropriate and feasible alternative pieces of equipment; or

(3) serve the same purpose as DME already in use by the member, with the exception of the devices described in 130 CMR 409.413(D);

MassHealth has supplied a manual wheelchair as a backup to Appellant's Quantum power wheelchair pursuant to 130 CMR 409.413(D). The issue at hand is whether the requested power accessory serves the same purpose as the existing Quantum chair and if not is the power accessory medically necessary.

This record shows that the Quantum chair is unable to meet all of Appellant's mobility needs in some significant ways. Due to its large size, the Quantum does not fit into the home of Appellant's grandparents who play a role in caring for Appellant especially during these times when the Covid pandemic has made it difficult for Appellant to fill her MassHealth-approved home service hours with available caregivers. The large Quantum has also restricted Appellant's ability to interact in the homes of her peers and sometimes limits Appellant's ability to interact intimately with her peers in school. Accordingly, the requested power accessory does not serve the same purposes as the Quantum. The power accessory is complementary rather than supplementary in that it fills the voids not provided by the Quantum, but with the Quantum makes for a complete mobility system.

The record further shows that the power accessory is medically necessary. Hopefully, as Appellant grows older, she will be able to propel her own manual wheelchair, but for now she is physically unable to do this. As addressed above, use of the Quantum alone places meaningful limitations on Appellant's ability to independently interact with her young peers. It is reasonable to anticipate that such limitations will only serve to isolate Appellant from her peers negatively impacting her social and personal development during these important formative years.

Independent mobility devices have long been held to meet the first prong of the medical necessity regulation 130 CMR 450.204(A)(1) insofar as they are reasonably calculated to alleviate the physical inability of the member to ambulate. Application of the second prong (450.204(A)(2)) is not appropriate here. The existing Quantum device is not comparable to the requested power accessory where it has been shown that the Quantum is unable to meet specific mobility needs that are significant to Appellant's social and personal development while at a young and formative age.

For the foregoing reasons, the appeal is APPROVED.

Order for the MassHealth

Approve the power accessory per the authorization request.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, MassHealth of Medical Assistance, at the address on the first page of this decision.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Prior Authorization