

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2200401
Decision Date:	3/25/2022	Hearing Date:	February 15, 2022
	Hearing Officer:	Stanley M. Kallianidis	

Appellant Representative:





MassHealth Representative:

Robin Brown



*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:	Approved	Issue:	Medical Necessity
Decision Date:	3/25/2022	Hearing Date:	February 15, 2022
MassHealth Rep.:	Robin Brown	Appellant Rep.:	 

Authority

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

Jurisdiction

On December 1, 2021, MassHealth approved the appellant's prior authorization request for a power wheelchair with certain accessories, but it denied the power seat elevator because it determined that this was not medically necessary and/or necessary and reasonable (see 130 CMR 450.204, 409.414 and Exhibit 1). The appellant filed this appeal in a timely manner on January 18, 2022 (see 130 CMR 610.015 and Exhibit 2). The denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for a power seat elevator.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204 and 409.414 in determining that the appellant's request was not medically necessary and/or necessary and reasonable.

Summary of Evidence

The MassHealth representative testified that the appellant, a 31-year-old male with a history of a spinal cord injury, requested a Group 3 power wheelchair with power adjustable seat height, power tilt, power recline, seat control, power elevating leg rests, custom seating and accessories. The appellant's current power wheelchair is over five years old. Due to its age, the appellant needs a new power wheelchair. MassHealth approved the newly requested wheelchair base, power tilt, power recline, power elevating leg rests, custom seating and power accessories, but denied a power seat elevator. The total cost for the wheelchair as requested is \$18,616.00 with the cost for the seat elevator portion being \$1,317.00 (Exhibit 3).

The MassHealth representative explained that the request was denied under the medical necessity regulation because it is not necessary. Because the appellant's wheelchair is greater than five years old, he does need a new power wheelchair, but not one with a seat elevator. The MassHealth representative noted that the appellant is receiving PCA services. The main reason for the denial was that there were contradictory statements of medical necessity in the physical therapist's evaluation pertaining to the appellant's strength assessment details. She explained that the appellant functional testing indicates that he is not able to access counters and a medicine cabinet whereas these were some of the reasons to justify a seat elevator (Exhibit 3).

In addition to the medical necessity regulation, the request was denied under 130 CMR 409.414: The MassHealth agency will not pay for items that are more costly than medically appropriate and feasible alternative pieces of equipment or that serve essentially the same purpose as equipment already available to the recipient.

According to a letter of medical necessity from the appellant's physical therapist, the seat elevator will assist him with reduced neck strain and pain and headaches, and psycho-social benefits by being on eye level with peers. Also, it will allow him to access medicine cabinets and other surfaces (Exhibit 3).

The appellant and his representative testified that the seat elevator would allow him to reposition himself and it would give him greater independence in the community with different surface heights and it would relieve neck strain when making eye contact with people. The appellant testified that he has gained strength in his left arm and is able to access items off of countertops and medicine cabinets without assistance.

At the hearing, the appellant's representative introduced a physician's letter which indicated that the appellant needs a seat elevator for his diagnosis of quadriplegia, chronic neck pain and resulting inability to reposition his head and neck (Exhibit 4).

During the record open period (Exhibit 5), the MassHealth representative indicated that MassHealth continues to deny the requested seat elevator as its medical necessity has not been demonstrated. She noted that the appellant has been approved for a power tilt and that such a feature is the standard of care for repositioning, relieving neck pain and allowing for better circulation (Exhibit 6).

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant requested a Group 3 power wheelchair with power adjustable seat height, power tilt, power recline, seat control, power elevating leg rests, custom seating and accessories (Exhibit 3).
2. MassHealth approved the wheelchair base, power tilt, power recline, power elevating leg rests, custom seating and power accessories, but denied a power seat elevator (Exhibit 3).
3. The total cost for the wheelchair as requested is \$18,616.00 with the cost for the seat elevator portion being \$1,317.00 (Exhibit 3 and testimony).
4. A letter of medical necessity from the appellant's physical therapist stated that the seat elevator will assist him with reduced neck strain and pain and headaches, and psycho-social benefits by being on eye level with peers. Also, it will allow him to access medicine cabinets and other surfaces (Exhibit 3).
5. The appellant has sufficient arm strength to access different level cabinets and surfaces (Exhibit 3 and testimony).
6. A letter of medical necessity from the appellant's physician stated that the appellant needs a seat elevator for his diagnosis of quadriplegia, chronic neck pain and resulting inability to reposition his head and neck (Exhibit 4).
7. According to MassHealth, the approved power tilt feature is the standard of care for repositioning, relieving neck pain and allowing for better circulation (Exhibit 6).

Analysis and Conclusions of Law

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 other medical service or site of service, comparable in effect, available and suitable for the member requesting the service, that is more conservative or less costly to MassHealth (130 CMR 450.204(A)).

Pursuant to 130 CMR 450.204(B), medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records available to MassHealth upon request.

Pursuant to 130 CMR 409.414:

The MassHealth agency does not pay for the following:

(A) DME that is experimental in nature;

(B) DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 450.204. 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 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 except for the devices described in 130 CMR 409.413(D);

In the instant case, the appellant has requested a Group 3 power wheelchair with power adjustable seat height, power tilt, power recline, seat control, power elevating leg rests, and custom seating and accessories. MassHealth approved the wheelchair base, power tilt, power recline, power elevating leg rests, custom seating and power accessories, but denied a power seat elevator. The total cost for the wheelchair as requested is \$18,616.00 with the cost for the seat elevator portion being \$1,317.00.

I have found that, based upon the appellant's testimony as well as letters from the appellant's physical therapist and physician, the seat elevator will assist the appellant in accessing cabinets and surfaces, will relieve his neck pain and allow him to reposition himself. Finally, it will provide the appellant with psycho-social benefits by allowing him to be on eye-level with his peers in the community.

According to MassHealth, the approved power tilt feature is the standard of care for repositioning in addition for relieving neck pain and allowing for better circulation. However, even if it were true that the power tilt was as effective as a seat elevator in relieving strain and providing repositioning, it still does not address the issues of having access to different surface levels and providing eye-level contact for psycho-social benefits as does a seat elevator.

In conclusion, because the appellant's condition would benefit from a power seat elevator, and where there is no cheaper or more conservative comparable alternative, the request is "medically necessary" as defined in subsections (1) and (2) of the above regulation. Similarly, it is "necessary and reasonable" under 130 CMR 409.406(C).

The appeal is therefore approved.

Order for MassHealth

Approve requested power adjustable seat.

Implementation of this Decision

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

Stanley M. Kallianidis
Hearing Officer
Board of Hearings

cc:

