

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2202063
Decision Date:	5/19/22	Hearing Date:	04/26/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se



Appearance for MassHealth:

Via telephone:

Robin Brown, OTR/L



*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:	Denied	Issue:	Prior Authorization
Decision Date:	5/19/22	Hearing Date:	04/26/2022
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	Pro se Spouse
Hearing Location:	Quincy Harbor South	Aid Pending:	No

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 February 25, 2022, MassHealth denied the appellant's prior authorization request for absorbent products because MassHealth determined that the documents submitted were illegible, not in accordance with the prior authorization submission requirements, and did not support medical necessity (see Exhibit 1). The appellant filed this appeal in a timely manner on March 17, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for absorbent products.

Issue

The appeal issue is whether MassHealth was correct in determining that there was insufficient documentation to support the medical necessity criteria for the requested absorbent products.

Summary of Evidence

MassHealth was represented at hearing via telephone by a registered, licensed occupational therapist. The appellant appeared at hearing via telephone along with his spouse. The MassHealth representative testified that on or around October 11, 2021, MassHealth originally received a prior authorization request from the appellant's provider, South Shore Medical Supply, requesting the absorbent product of disposable underpads due to unspecified retention of urine. The provider submitted the request using the wrong form (the General Prescription form, not the required MassHealth Medical Necessity Review Form for Absorbent Products) and only included one page of it. The request did not include a medical diagnosis and did not provide any further information regarding the diagnosis. MassHealth deferred the request because it did not have information showing medical necessity. MassHealth reached out to the provider several times to submit additional information. On February 15, 2022, the provider submitted additional documentation but it was illegible. MassHealth reached out to the provider via telephone multiple times and left secured voicemails requesting it resend a legible copy, but got no answer and no response from the provider.

As a result, MassHealth denied the request on February 25, 2022 because it did not receive the information requested during the deferral and the information it did receive during the deferral period was illegible. The documentation submitted did not meet the prior authorization submission requirements. In the notice, MassHealth requested that the provider submit additional clinical documentation to clarify the appellant's diagnosis. It also stated that MassHealth required additional diagnosis information beyond retention of urine to establish need for absorbants.

The appellant testified that he is incontinent and needs the pads because he self-catheterizes and leaks a lot, especially at night. He stated that in thirteen years he has never had any problems getting this product. He added that this is an emergency situation and he cannot wait any longer to receive the requested product. The appellant and his wife were very upset at this process.

The MassHealth representative explained that it appeared that the provider has the needed information and repeated that the provider simply needs to send a new request with the supporting documentation that is legible.

Findings of Fact

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

1. On or around October 11, 2021, MassHealth originally received a prior authorization request from the appellant's provider, South Shore Medical Supply, requesting the absorbent product of disposable underpads due to unspecified retention of urine (Testimony and Exhibit 4 at 3).
2. The provider submitted the request using the wrong form (the General Prescription form, not the required MassHealth Medical Necessity Review Form for Absorbent Products) and only included one page of it. The request did not include a medical diagnosis and did not provide

any further information regarding the diagnosis. (Testimony and Exhibit 4 at 6).

3. MassHealth deferred the request and asked the provider to submit additional documentation (Testimony).
4. On February 15, 2022, the provider submitted additional documentation but it was illegible (Testimony and Exhibit 4 at 7-9).
5. Despite calls from MassHealth to resend a legible copy, MassHealth did not receive one and denied the request on February 25, 2022 (Testimony and Exhibit 1).
6. MassHealth did not receive the requested documentation to meet the prior authorization requirements and support medical necessity (Testimony and Exhibit 4).

Analysis and Conclusions of Law

By the law codified in the agency regulations, MassHealth may not pay any provider for certain services, including durable medical equipment and supplies (such as absorbent products), if that particular equipment, supplies, and/or services are not proven to be “medically necessary”.

The regulatory definition of “medically necessary” for all providers of MassHealth services is found at 130 CMR 450.204, which reads in relevant part as follows:

450.204: Medical Necessity

(A) 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 member 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

(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, including medical records, available to the MassHealth agency upon request.** (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

See 130 CMR 450.204(A), (B) (Emphasis added).

To be approved, the regulations are clear that any prior authorization request must contain documentation of how that request satisfies the relevant “medical necessity criteria”. See 130 CMR 450.204(B) and 130 CMR 409.417(A).

Additionally, 130 CMR 409.418(J) explains the following regarding notice of deferral:

If the MassHealth agency or its designee defers a prior authorization request due to an incomplete submission or lack of documentation to support medical necessity, the MassHealth agency or its designee will notify the member and the Durable Medical Equipment provider of the deferral, the reason for the deferral, and provide an opportunity for the provider to submit the incomplete or missing documentation. If the provider does not submit the required information within 21 calendar days of the date of deferral, the MassHealth agency or its designee will make a decision on the prior authorization request using all documentation and forms submitted to the MassHealth agency and will send notice of its decision to the provider and the member in accordance with 130 CMR 409.418(H).

As with any prior authorization request for a type of absorbent product, MassHealth has created and will rely on its “Guidelines for Medical Necessity Determination for Absorbent Products” in making such a determination of the appropriateness of such a request. These “Guidelines” indicate that they “are based on generally accepted standards of practice, review of the medical literature, and federal and/or state policies and laws applicable to Medicaid programs,” and thus are examples of those professionally recognized standards discussed in 130 CMR 450.204(B).

Section III of The Guidelines are clear about the requirements for submitting clinical documentation and reads in part as follows:

A. All absorbent products require prior authorization. Requests for prior authorization must be accompanied by clinical documentation that supports appropriate medical use of the product.

B. Documentation from the most recent medical evaluation must include all of the following:

1. the primary diagnosis name and ICD-CM code specific to type of incontinence for which the item is required;
2. the secondary diagnosis name and ICD-CM code specific to the comorbid conditions;
3. clinical signs and symptoms of incontinence;
4. comprehensive medical history and physical exam;
5. risk factors for developing urinary incontinence (as indicated in Section II.A.3 of these Guidelines);
6. documentation of past and current treatment regimens, including possible

reversible factors;

7. responsiveness to behavioral, pharmacologic, and/or surgical treatments; and

8. the amount and estimated duration of the need for absorbent products.

C. Clinical information should be submitted on the MassHealth Medical Necessity Review Form for Absorbent Products and accompanied by the Prior Authorization Request form. **The MassHealth Medical Necessity Review Form for Absorbent Products should be used in place of the General Prescription form.** These forms must be completed by the prescribing physician or clinical staff involved in the member's care. For instructions on the electronic submission of a request for prior authorization, go to MassHealth's Automated Prior Authorization System at www.masshealth-apas.com.

MassHealth bases its determination of medical necessity for absorbent products on a combination of clinical data and the presence of indicators that affect treatment. A new or updated Prior Authorization Request and MassHealth Medical Necessity Review Form for Absorbent Products must be submitted to continue the use of absorbent products before the expiration of the current approval.

(Emphasis added).

MassHealth's decision in this matter was correct. The regulations and Guidelines are clear about the documentation required for a prior authorization request in order to establish medical necessity. The appellant's provider has not submitted the necessary documentation. It first submitted the General Prescription form, not the required MassHealth Medical Necessity Review Form for Absorbent Products. When it finally did submit the correct form, the accompanying documentation was illegible. Without the correct form and clinical documentation to support the medical necessity for absorbent products, MassHealth could not determine medical necessity and properly denied the request.¹

For these reasons, the appeal is denied.

Order for MassHealth

None.

¹ As explained multiple times at hearing, the provider can simply submit a new request on the appropriate form and with the correct supporting clinical documentation for MassHealth to review for approval.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Optum MassHealth LTSS, P.O. Box 159108, Boston, MA 02215