

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



|                         |                    |                       |            |
|-------------------------|--------------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied             | <b>Appeal Number:</b> | 2202866    |
| <b>Decision Date:</b>   | 5/31/2022          | <b>Hearing Date:</b>  | 05/20/2022 |
| <b>Hearing Officer:</b> | Christine Therrien |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Laura Rose, RN



*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

|                           |                                   |                          |            |
|---------------------------|-----------------------------------|--------------------------|------------|
| <b>Appeal Decision:</b>   | Denied                            | <b>Issue:</b>            | DME        |
| <b>Decision Date:</b>     | 5/31/2022                         | <b>Hearing Date:</b>     | 05/20/2022 |
| <b>MassHealth's Rep.:</b> | Laura Rose, RN                    | <b>Appellant's Rep.:</b> | Pro se     |
| <b>Hearing Location:</b>  | All parties appeared by telephone |                          |            |

## Authority

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

## Jurisdiction

Through notice dated 3/25/22 MassHealth denied the appellant's request for prior authorization (PA) for a continuous glucose monitor (CGM) (130 CMR 450.204 and Exhibit 1). The appellant filed this appeal in a timely manner on 4/12/22 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for PA for a CGM.

## Issue

The issue on appeal is whether MassHealth was correct, pursuant to 130 CMR 450.204, in denying the appellant's PA for a CGM.

## Summary of Evidence

A MassHealth representative submitted into evidence a PA request for a CGM (Exhibit 4). The PA, dated 1/18/22, states the CGM was prescribed to treat the appellant's Type 2 Diabetes without complications (Exhibit 4, p. 14). The MassHealth representative testified that this PA was denied on 3/25/22 because there is no evidence that the appellant is prescribed insulin, performing multiple daily injections, and is not testing blood sugars a minimum of 4 times daily (Exhibit 4, p. 3, and pp. 6-14).

The MassHealth representative testified that the request does not meet medical necessity guidelines per 130 CMR 450.204. The MassHealth representative testified that the appellant was previously given a CGM for 6 months based on a PA in October 2021 which was during the Covid state of emergency where all PA's were being approved. The appellant testified that the appellant is prescribed Metformin, orally two times a day, for her Type 2 diabetes (Ex. 4, p. 9). The MassHealth representative testified that the appellant has not had a CGM since then.

The appellant testified that she sometimes becomes hypoglycemic and needs to test her blood sugar frequently. The appellant testified that since the last CGM expired she does not test her blood sugar. The appellant said a while ago she had a handheld glucose monitor to test her blood sugar, but she lost it. The appellant testified that when her blood sugar is low she eats a tangerine.

## **Findings of Fact**

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

1. A PA, dated 1/18/22, was submitted to MassHealth for a CGM to treat the appellant's Type 2 Diabetes without complications (Exhibit 4, p. 14).
2. The PA was denied on 3/25/22 because there is no evidence that the appellant is prescribed insulin, performing multiple daily injections, and is not testing blood sugars a minimum of 4 times daily (Exhibit 4, p. 3, and pp. 6-14).
3. The appellant is prescribed Metformin, orally two times a day, for her Type 2 diabetes (Ex. 4, p. 9).
4. The appellant was previously given a CGM for 6 months based on a PA in October 2021 which was during the Covid state of emergency where all PA's were being approved (Testimony).
5. The appellant has not had a CGM since the October 2021 PA (Testimony).
6. The appellant does not currently test her blood glucose (Testimony).
7. The appellant eats a tangerine when her blood sugar is low (Testimony).
8. The appellant does not have a handheld glucose monitor because she lost it (Testimony).

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 450.204, MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider, or identified by the Division pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

Further MassHealth regulation 409.414, entitled “Noncovered Services” states that MassHealth does not pay for the following types of Durable Medical Equipment:

- (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 with the exception of the devices described in 130 CMR 409.413(D);

The MassHealth “Guidelines for Medical Necessity Determination for Diabetes Management Devices: Continuous Glucose Monitoring Systems and Insulin Pumps,” states under Section 2. Clinical Guidelines that “MassHealth considers CGM medically necessary for insulin-dependent individuals with poorly controlled blood sugar” who requires insulin injections 3 or more times per day or who uses an insulin pump.<sup>1</sup>

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<sup>1</sup> Section 2. Clinical Guidelines, I. Clinical Coverage, A. Continuous Glucose Monitors: MassHealth considers CGM medically necessary for insulin-dependent individuals with poorly controlled blood sugar. MassHealth bases its determination of medical necessity for CGM on clinical information including, but not limited to, indicators that would affect the relative risks and benefits of using the device. These criteria include the following: 1. INITIAL - MassHealth considers initial use of CGM medically necessary in members who experience problems controlling blood glucose levels and meet ALL of the following criteria: a) The member has a diagnosis of Type I or Type II insulin-dependent diabetes; AND b) The member has completed a comprehensive diabetes and self-management education program; AND c) The member requires insulin injections 3 or more times per day or an insulin pump is used. Exceptions: Providers may request an exception from the insulin use requirement for individuals with physical, developmental, visual, cognitive, or other comorbid medical issues. Such requests will be reviewed on a case-by-case basis; AND d) The member is compliant with a current treatment plan which includes self-monitoring at least 4 times per day. Exceptions: Providers may request an exception from the compliance requirement for individuals with co-morbidities or circumstances that inhibit the ability to self-monitor. Such requests will be reviewed on a case-by-case basis; AND e) The member meets at least one of the following: i. HbA1c  $\geq 7\%$  or that does not meet documented target treatment despite education regarding diabetes and adherence to self-monitoring of glucose levels; OR ii. Recurrent hypoglycemia or severe hypoglycemia ( $<50$  mg/dl) requiring assistance of another individual (administering glucagon, oral carbohydrates or

The appellant is neither prescribed insulin for her Type 2 diabetes nor is her diabetes poorly controlled. There is a less costly alternative for testing blood glucose available to the appellant. For these reasons the appeal is denied because the appellant does not meet the criteria for medical necessity.

## **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.

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Christine Therrien  
Hearing Officer  
Board of Hearings

cc:

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

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other measures); OR iii. History of hypoglycemic unawareness; OR iv. Dawn phenomenon with fasting blood sugars exceeding 200mg/dL; OR v. History of hospitalization or emergency department visits related to ketoacidosis or hypoglycemia; OR vi. Pregnancy.