

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2203419
<b>Decision Date:</b>	7/21/2022	<b>Hearing Date:</b>	June 14, 2022
<b>Hearing Officer:</b>	Brook Padgett	<b>Record Open to:</b>	July 14, 2022

**Appellant Representatives:**

**MassHealth Representative:**



(father, mother)

Robin Brown, RN



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

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 409.414
<b>Decision Date:</b>	7/21/2022	<b>Hearing Date:</b>	June 14, 2022
<b>MassHealth Rep.:</b>	R. Brown, RN	<b>Appellant Reps.:</b>	Father and mother
<b>Hearing Location:</b>	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 April 06, 2022 stating your request for prior authorization (PA) for a pediatric sized folding wheelchair has been denied. MassHealth will not pay for durable medical equipment or medical/surgical supplies that are not both necessary and reasonable for the treatment of a member's medical condition. (Exhibit 1).

The appellant filed a timely appeal on May 03, 2022. (130 CMR 610.015(B); Exhibit 2).

Denial of durable medical equipment is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's PA request for a pediatric sized folding wheelchair.

## Issue

Is the appellant's request for a pediatric sized folding wheelchair medically necessary or are there appropriate and feasible alternative pieces of equipment already available to the recipient?

## Summary of Evidence

The MassHealth consultant testified a request was submitted by National Seating and Mobility on behalf of the appellant for a Convaid Cruiser Pediatric folding manual wheelchair. The request was received on March 25, 2022 and again on April 15, 2022. MassHealth denied both requests as medical necessity for a second manual mobility device was not established. According to the Letter of Medical Necessity written by the appellant's physical therapist (PT), the appellant is a 9-year-old boy with diagnoses of spastic quadriplegia, autism, cortical visual impairment and seizures. He has global muscle weakness, mixed (high and low) muscle tone, impaired sitting and standing balance. He receives Botox injections for his muscle tone and has undergone orthopedic surgeries. The appellant uses his manual wheelchair for mobility. He also crawls when not in his wheelchair. He can ambulate very short distances with assist, and he uses a stander and gait trainer at school and at home.

MassHealth argued the MassHealth DME and Oxygen Payment and Coverage Guideline Tool, allows the authorization of one pediatric folding wheelchair every five years if medical necessity is established. In May of 2020, MassHealth approved a Zippie Xcape pediatric folding manual wheelchair to meet the appellant's mobility needs. The PT states in her letter the appellant will benefit from the requested Convaid Cruiser pediatric folding wheelchair to access rough and uneven terrain and to prevent wear and tear on his current manual wheelchair. In the second submission she states the appellant needs the Convaid Cruiser to access grass, rocky areas, dirt paths and all other uneven terrain. "his current wheelchair has constant wear and tear from use over these surfaces in the community. In order to maximize the life to his current wheelchair and minimize wear and tear/breakage of parts, the stroller is pertinent for [the appellant]."

After review of all documentation provided MassHealth determined the requested Convaid Cruiser pediatric folding wheelchair was duplicative and not medically necessary and denied this request.

The appellant's representatives testified the appellant's Zippy wheelchair is not appropriate for the appellant's lifestyle. The family is very active, and the current Zippy Chair cannot be used outdoors or over rough terrain. The representatives stated the appellant's chair is always falling apart and needs to be fixed. The representatives maintained the appellant cannot go through the neighborhood as the chair cannot even be pushed on the sidewalk because if it hits a raised crack the front wheels will be damaged.

MassHealth responded that the appellant should resubmit a request indicating a new chair is required because the appellant's medical needs has changed and why the current chair is not sufficient. MassHealth stated this appeal concerns only a Convaid Cruiser and it may be a more beneficial if the appellant makes a new request for a more appropriate chair for the appellant.

At the appellant's representative's request, the record remained open until July 14, 2022 for the appellant to provide additional documentation to supplement the record to demonstrate the appellant requires a Convaid Cruiser for outdoor use. (Exhibit 5).

As of the close of the record open period the appellant's representatives failed to submit any additional documentation for review.

## **Findings of Fact**

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

1. In May of 2020, MassHealth approved a Zippie Xcape pediatric folding manual wheelchair to meet the appellant's mobility needs. (Exhibit 4 and testimony).
2. On March 25, 2022 and April 15, 2022, the appellant, through his medical equipment provider, requested prior approval for a Convaid Cruiser Pediatric folding manual wheelchair. (Exhibit 1).
3. The appellant is a 9-year-old boy with diagnoses of spastic quadriplegia, autism, cortical visual impairment and seizures; he has global muscle weakness, mixed muscle tone, impaired sitting and standing balance. (Exhibit 4).
4. The appellant uses his manual wheelchair for mobility. He can ambulate very short distances with assist and uses a stander and gait trainer at school and at home. He also crawls when not in his wheelchair. (Exhibit 4).
5. A Letter of Medical Necessity states the appellant will benefit from the requested pediatric folding wheelchair to access rough and uneven terrain and to prevent wear and tear on his current manual wheelchair. (Exhibit 4).
6. A second Letter of Medical Necessity states the appellant needs the requested pediatric folding wheelchair to access grass, rocky areas, dirt paths and all other uneven terrain as “his current wheelchair has constant wear and tear from use over these surfaces in the community. In order to maximize the life to his current wheelchair and minimize wear and tear/breakage of parts, the stroller is pertinent for [the appellant].” (Exhibit 4).
7. MassHealth DME and Oxygen Payment and Coverage Guideline Tool, allows authorization of one pediatric folding wheelchair every five years if medical necessity is established.

## **Analysis and Conclusions of Law**

The appellant has requested a Convaid Cruiser for use in addition to his Zippie Xcape wheelchair. MassHealth denied the request as the regulations will not allow the replacement or authorization of durable medical equipment if the request is not medically necessary and serves

the same purpose as equipment already in use by the member.<sup>1</sup>

Under the two-step analysis of the medical necessity regulation, the appellant's request fails to meet either first step as there is insufficient medical information to determine that the device is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure the appellant's condition; or the second step, that there are no less costly alternatives as he currently has a pediatric stroller.

130 CMR 450.204: Medical Necessity:

MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider providing or prescribing a service ... where such service ... 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 MassHealth. Services that are less costly to the MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth 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.

In May 2020, the appellant requested and received a Zippie Xcape pediatric folding wheelchair from MassHealth as the provider indicated it met all the appellant's identified mobility needs. On March 25, 2022 and April 15, 2022, the appellant through his provider requested an additional wheelchair, not to replace the existing wheelchair, but to maximize the life of his current wheelchair by minimizing wear and tear and breakage of parts.

The appellant's request for an additional pediatric wheelchair has not met the medical necessity criteria and serves the same purpose as his current wheelchair which is presently in use and which was authorized within the last five years. Per the regulations, MassHealth properly denied the appellant's request for Convaid Cruiser Pediatric folding manual wheelchair and this appeal is DENIED.

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<sup>1</sup> 130 CMR 409.414: Noncovered Services states: The MassHealth agency does not pay for the following: (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: (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 DME and Oxygen Payment and Coverage Guideline Tool, allows the authorization of one pediatric folding wheelchair every five years if medical necessity is established.

## **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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: PA Unit