

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2308449
<b>Decision Date:</b>	11/17/2023	<b>Hearing Date:</b>	October 17, 2023
	<b>Hearing Officer:</b>	Stanley M. Kallianidis	

**Appellant Representative:**

Pro Se

**MassHealth Representative:**

Robin Brown, Optum



*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>	Approved	<b>Issue:</b>	DME; Medical Necessity of Seat Elevator/Active Reach
<b>Decision Date:</b>	11/17/2023	<b>Hearing Date:</b>	October 17, 2023
<b>MassHealth Rep.:</b>	Robin Brown		

### Authority

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

### Jurisdiction

On August 11, 2023, MassHealth approved the appellant's prior authorization request for a power wheelchair, but denied certain accessories because it determined that these were 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 September 18, 2023 (see 130 CMR 610.015 and Exhibit 2). The denial of assistance is valid grounds for appeal (see 130 CMR 610.032). On September 20, 2023, a notice of hearing was sent to the appellant (Exhibit 3).

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for a power seat and a 20 degree active reach.

### 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, an adult female diagnosed with muscular dystrophy, requested a Group 3 power wheelchair with power adjustable seat height, power tilt, power recline, a 20 degree active reach seating system, power elevating leg rests, and custom seating and accessories. The appellant's current power wheelchair is approximately seven years old. The MassHealth representative stated that due to its age and condition, the appellant needs a new power wheelchair (Exhibit 4)

MassHealth therefore approved the newly requested wheelchair base, and also a power tilt, power recline, power elevating leg rests, custom seating, and power accessories. However, due to a lack of medical necessity, it denied the power seat elevator and also the 20 degree active reach. The cost to MassHealth for the seat elevator is \$953.00 and is \$1,201.00 for the active reach (Exhibit 4).

According to an April 11, 2023 letter of equipment justification from the appellant's physical therapist that her physician concurred with on June 20, 2023, the appellant is dependent for transfers for which a mechanical lift is needed. She is non-ambulatory. She is dependent with most activities of daily living except for activities such as eating, reaching cabinets, elevator buttons, and counters in the community such as in banks (Exhibit 4).

The MassHealth representative explained that the request was denied under the medical necessity regulation. Even though the appellant's wheelchair is greater than five years old and she does need a new power wheelchair, she does not need one with an active reach and seat elevator because the appellant does not transfer on her own by weight-bearing. As indicated in the letter of equipment justification, the appellant is non-ambulatory and cannot transfer without a mechanical lift. Thus, because the seat elevator and active reach would not help with transfers, they are not medically necessary. The MassHealth representative also noted that the appellant is receiving 54 hours of PCA services per week. 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 (Exhibit 4).

The appellant testified that she has a seat elevator and active reach on her current wheelchair. If she does not have these functions on her new wheelchair, her current level of independence would be greatly diminished. She explained that she has some arm strength, and the seat elevator and active reach allow her to lift items, push door buttons and use tables and desks. She is able to eat by herself with a knife and fork and needs the seat elevator and active reach to be at the table. These features also allow her to brush her teeth and wash her face in the bathroom sink. She also stated that she is able to work at a desk with the seat elevator and active reach. Additionally, they help the PCA with transfers and be on an eye level with others. By being as independent as possible, the appellant stated that she is able to cut down on her PCA hours.

## 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 and recline, 20 degree active reach seating system, power elevating leg rests, custom seating and accessories (Exhibit 4).
2. MassHealth approved the requested wheelchair base, power tilt, power recline, power elevating leg rests, custom seating and power accessories, but denied a power seat elevator and a 20 degree active reach (Exhibit 4).
3. The cost for the seat elevator is \$953.00 and is \$1,201.00 for the active reach (Exhibit 4).
4. The appellant is dependent for transfers for which a mechanical lift is needed. She is non-ambulatory (Exhibit 4).
5. MassHealth determined that the seat elevator and active reach were not medically necessary because they are used to assist weight bearing transfers, and the appellant is unable to transfer on her own (Exhibit 4).
6. The appellant has a seat elevator and active reach on her current wheelchair (Exhibit 4 & testimony).
7. The appellant's current wheelchair's seat elevator and active reach allow her some independence in activities such as eating, reaching cabinets, elevator buttons, and counters in the community such as in banks (Exhibit 4).
8. The appellant's current wheelchair's seat elevator and active reach allow her to brush her teeth and wash her face in the bathroom sink. In addition, she is able to work at a desk with the seat elevator and active reach (testimony).
9. The appellant is an adult female diagnosed with muscular dystrophy (Exhibit 4).
10. The appellant is receiving 54 hours of PCA services per week (Exhibit 4).

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

In the instant case, the appellant, an adult female with muscular dystrophy, has requested a Group 3 power wheelchair with power adjustable seat height, power tilt and recline, 20 degree active reach seating system, power elevating leg rests, custom seating and accessories. MassHealth approved the requested wheelchair base and all but two of the accessories: a power seat and a 20 degree active reach. The cost for the seat elevator is \$953.00 and is \$1,201.00 for the active reach.

The appellant has a seat elevator and active reach on her current wheelchair which undisputedly needs to be replaced. MassHealth determined that the seat elevator and active reach were not medically necessary because they are used to assist weight bearing transfers, and the appellant is unable to transfer on her own. I have found however that, based upon the appellant's testimony and letter from the appellant's physical therapist, the seat elevator and active reach give the appellant a level of independence that would be diminished if these functions were not included on her new wheelchair.

The record shows that the appellant's current wheelchair's seat elevator and active reach allow her a level of independence in activities such as eating, reaching cabinets, elevator buttons, and counters in the community such as in banks. They also allow her to brush her teeth and wash her face in the bathroom sink. In addition, she is able to work at a desk with the seat elevator and active reach. While MassHealth made a point that the appellant is receiving 54 hours of PCA services per week, this is with the seat elevator and active reach on her current wheelchair. Without these functions, her need for PCA hours would potentially be greater.

In conclusion, because the appellant's condition benefits from a power seat elevator and active reach, 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 elevator and 20 degree active reach.

## **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.

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Stanley M. Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Optum