

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Remanded	Appeal Number:	2308566
Decision Date:	12/01/2023	Hearing Date:	10/19/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Sara Pedone, PT
via Video Conference



*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:	Approved in part; Remanded	Issue:	Durable Medical Equipment (DME)/Prior Authorization (PA)/Manual Wheelchair
Decision Date:	12/01/2023	Hearing Date:	10/19/2023
MassHealth's Rep.:	Sara Pedone, PT	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South		

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 August 21, 2023, MassHealth denied the appellant's PA request for a K0005 manual secondary wheelchair as it determined there were less costly options. (See 130 CMR 409.405(C); 450.204(A)(2) and Exhibit (Ex.) 1, pp. 3-6). The appellant filed this appeal in a timely manner on September 19, 2023. (See 130 CMR 610.015(B) and Ex. 2, p. 1). A MassHealth determination denying a PA request is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for a K0005 manual secondary wheelchair.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 409.405, and 450.204, in determining that the PA request should be denied.

Summary of Evidence

The MassHealth representative testified to the following. National Seating and Mobility (the provider) submitted a PA request on the appellant's behalf for a K0005 manual ultralight wheelchair on August 17, 2023. (Ex. 6, p. 15). The PA request included a letter of medical necessity, which was dated May 23, 2023. (Ex. 6, pp. 8-13). The letter stated that the appellant had a stroke in 2016 resulting in right side hemiparesis. (Ex. 6, p. 8). The letter further stated that the appellant used a power wheelchair as his primary mode of mobility and that the appellant required a manual wheelchair when he was not able to use the power wheelchair. (Ex. 6, p. 8). The letter states that the appellant has used a Tracer 4 manual frame since 2016 but that it is worn from daily use and needs replacement. (Ex. 6, p. 8). According to the letter, the K0005 was also required because the appellant had complex needs and his present manual wheelchair does not meet those needs. (Ex. 6, p. 8). The base cost of the requested wheelchair was \$1,737.26, with additional requested accessories costing \$1,059. The total request was therefore \$2,796. (Ex. 6, p. 15).

MassHealth issued a timely determination denying the PA request on August 21, 2023. (Ex. 6, pp. 4-7). In the notification, MassHealth explained that there were less costly options available to meet the appellant's mobility, positioning, and transfer requirements. (Ex. 6, pp. 4-7). The MassHealth representative stated that MassHealth does provide members with manual wheelchairs to back up the use of electric wheelchairs. The MassHealth representative stated that the appellant's present manual wheelchair was a Tracer 4, which was a K0007 type chair, that cost approximately \$1,800 with its requested accessories. The K0005 type is more complex and does have more adjustability. The MassHealth representative asked the appellant and the appellant's representative to testify whether something had changed since the submission of the PA request, or whether there was something that not documented that would allow MassHealth to approve this request.

The appellant's representative stated that prior to receiving MassHealth's hearing submission, she had not seen the documents the provider submitted in support of the PA. The appellant's representative stated that the appellant's power chair was not his primary wheelchair, the manual wheelchair was his primary means of mobility. He currently uses the manual wheelchair almost 100% of the time in order to maintain his independence. The power wheelchair is great when the appellant's representative is around to help the appellant. The appellant, however, cannot independently perform bathroom and bedroom transfers when using the power wheelchair. With the use of the manual wheelchair, he is able to perform transfers independently. Additionally, since the appellant's representative and the appellant live in a split level, the appellant's representative is able to carry his manual wheelchair up the stairs so he can use it there. Also, it is not possible for the appellant's power wheelchair to negotiate the ramp into the home. The appellant has become reliant on the manual wheelchair both inside and outside the home. The appellant's representative stated that she did not know why the provider would have referred to the manual wheelchair as the appellant's backup chair. The appellant's present manual wheelchair, however, is hard for the appellant to maneuver, and causes him severe back and

stomach pain.

The MassHealth representative asked whether the appellant was able to try the requested model of the K0005 when the appellant and the appellant's representative met with the provider. The appellant's representative stated that they were not able to trial that K0005. They had not received a lot of information from the provider since receiving the denial of the PA request. The appellant's representative stated that they asked the provider's representative (a physical therapist and occupational therapist) to describe the differences between the appellant's current wheelchair and the K0005, but the representatives could not provide a lot of insight. There was a lot of confusion because, again, the appellant's manual wheelchair is his primary and not secondary chair.

The MassHealth representative stated that this made more sense based on the appellant's representative's testimony. The fact that the appellant was using the manual wheelchair as his primary wheelchair was one that was not shared in the medical necessity letter. The MassHealth representative stated that she could approve the requested K0005 chair with the requested configuration if the appellant and the appellant's representative were comfortable with her doing so. The MassHealth representative stated that she was concerned about the fact that the appellant had not had the opportunity to try the requested model of K0005 because it was a much lighter weight chair than the K0007 type model he currently uses.

The MassHealth representative wanted to offer the appellant the opportunity to trial the requested model of K0005 chair to ensure that it would work for him with all the components he required. The appellant's representative stated that she was not aware this was an option. The MassHealth representative stated that there were a lot of different models of K0005 type wheelchairs. The MassHealth representative stated that certain models of K0005 may better meet the appellant's needs than others. The MassHealth representative stated that it was hard to say what will work for the appellant if he has not had an opportunity to try another model. The MassHealth representative stated that the K0005 type was probably the way to go if the manual wheelchair was the primary wheelchair. The appellant's representative and the appellant were not sure at this point whether they should accept the K0005 requested or trial different models of K0005s.

Findings of Fact

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

1. The provider submitted a PA request on the appellant's behalf for a K0005 manual ultralight wheelchair on August 17, 2023. (Ex. 6, p. 15).
2. The PA request included a letter of medical necessity, which was dated May 23, 2023. (Ex. 6, pp. 8-13).

3. The letter stated that the appellant had a stroke in 2016 resulting in right side hemiparesis. (Ex. 6, p. 8).
4. The letter further stated that the appellant used a power wheelchair as his primary mode of mobility and that the appellant required a manual wheelchair at time the appellant was not able to use the power wheelchair. (Ex. 6, p. 8).
5. The letter states that the appellant has used a Tracer 4 manual frame since 2016 but that it is worn from daily use and needs replacement. (Ex. 6, p. 8).
6. According to the letter, the K0005 was also required because the appellant has complex needs and his present manual wheelchair does not meet those needs. (Ex. 6, p. 8).
7. The base cost of the requested wheelchair with accessories cost \$2,796 in total. (Ex. 6, p. 15).
8. MassHealth issued a timely determination denying the PA request on August 21, 2023. (Ex. 6, pp. 4-7).
9. In the notification, MassHealth explained that there were less costly options available to meet the appellant's mobility, positioning, and transfer requirements. (Ex. 6, pp. 4-7).
10. MassHealth does provide members with secondary manual wheelchairs when electric wheelchairs are the primary wheelchair. (Testimony of the MassHealth representative).
11. During the course of the hearing, it was determined that the appellant's manual wheelchair is his primary wheelchair. (Testimony of the appellant's representative).
12. Based on this information, the MassHealth representative informed the appellant that she could approved the requested K0005. (Testimony of the MassHealth representative).
13. The appellant did not have the opportunity to trial the requested K0005 before the provider submitted the PA. (Testimony of the appellant's representative).
14. The MassHealth representative offered the appellant the opportunity to try the requested K0005 and perhaps other K0005 type wheelchairs. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

MassHealth covers medically necessary DME that can be appropriately used in the member's home or setting in which normal life activities take place, and in certain circumstances for use in facilities. (130 CMR 409.413(A)). All DME must be approved for community use by the federal Food and Drug Administration. (Id.). DME that is appropriate for use in the member's home

may also be used in the community. (Id.). Covered DME includes mobility equipment and seating systems. (130 CMR 409.413(B)(9)). MassHealth pays for the replacement of a member's primary mobility system only when the DME provider has obtained prior authorization and the existing primary mobility system exceeds five years of age or is no longer reliable as a primary mobility system in all settings in which normal life activities take place; the cost of repairing or modifying the existing primary mobility system would exceed the value of that system; or the member's physical condition has changed enough to render the existing mobility system ineffective. (130 CMR 409.413(E)).

The record shows that the appellant is requesting a K0005 type manual wheelchair as a replacement for his previous manual wheelchair, which he has used since 2016. In its PA request, the provider stated the manual wheelchair was his secondary wheelchair. It was on this basis that MassHealth denied the PA request. The appellant's representative, however, testified that the manual wheelchair is, in fact, his primary wheelchair. She also stated that it was no longer reliable as his primary mobility system. Based on the appellant's representative's testimony, the MassHealth representative stated that the requested K0005 type of wheelchair with the requested configuration was entirely appropriate for the appellant's medical needs. The MassHealth representative expressed concern that the appellant had not had an opportunity to trial the requested model of wheelchair and offered the appellant the opportunity to trial other types of K0005 wheelchairs.

For the above stated reasons, the appeal is APPROVED with regard to the type of wheelchair and requested configuration, but REMANDED to MassHealth to permit the appellant the opportunity to the requested model or try other models of K0005 wheelchair if he wishes to do so.

Order for MassHealth

The PA request for a K0005 wheelchair is approved, as is the requested configuration. The appeal is remanded in order to give the appellant a chance to trial the requested model or try other models of K0005 wheelchairs if he wishes to do so.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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