

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313828
<b>Decision Date:</b>	3/21/2024	<b>Hearing Date:</b>	01/23/2024
<b>Hearing Officer:</b>	Thomas Doyle		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Phong Luc, Pharm.D., Drug Utilization Review  
(DUR) Program



*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>	Prior Authorization Drug Utilization Review
<b>Decision Date:</b>	3/21/2024	<b>Hearing Date:</b>	01/23/2024
<b>MassHealth's Rep.:</b>	Phong Luc	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	No

### 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 November 16, 2023, MassHealth denied appellant's prior authorization requests for the medication belbuca because information provided to MassHealth did not contain sufficient information to determine medical necessity. (Ex, 4, p. 12). The appellant filed this appeal in a timely manner on December 28, 2023. (Ex. 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

### Action Taken by MassHealth

MassHealth denied appellant's request for prior authorization for the medication belbuca.

### Issue

The appeal issue is whether MassHealth was correct in denying prior authorization because information provided was insufficient to determine medical necessity.

### Summary of Evidence

MassHealth and appellant appeared at hearing by phone and were sworn. MassHealth was represented by a pharmacist from the Drug Utilization Review program (DUR rep), and appellant represented himself. MassHealth's representative testified that on November 16, 2023, MassHealth received a request for prior authorization on behalf of the appellant. The request was for belbuca 450 MCG BID. The medication was prescribed to treat diagnosis code "G89.4, Chronic pain syndrome." (Ex. 4, pp. 3-9). MassHealth denied the request on that same day because information provided was insufficient to determine medical necessity and sent notice to the requesting provider. (Testimony; Ex. 4, p. 12). Appellant's prior authorization request noted he had tried a morphine extended-release product. (Ex. 4, p. 6). The DUR rep testified there were "no medical records documenting trials with morphine sulfate extended-release and if adverse reaction cannot be expected or managed as part of opioid therapy." (Testimony). The DUR rep stated appellant was sent a letter on January 9, 2024 stating what information was needed from appellant's doctor for MassHealth to make a medical necessity determination. (Testimony; Ex. 4, p. 14).

Appellant testified that he has had back problems for ten years, and that morphine made him nauseous and was not helpful. He testified his doctor who requested the prior authorization was aware of the November 16, 2023 denial from MassHealth due to the lack of information that was needed to be able to determine medical necessity. (Testimony).

## Findings of Fact

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

1. On November 16, 2023, MassHealth received a request for prior authorization on behalf of the appellant for belbuca 450 MCG BID. The medication was prescribed to treat diagnosis code "G89.4, Chronic pain syndrome." (Testimony; Ex. 4, pp. 3-9).
2. MassHealth denied the request on November 16, 2023 because the information provided was insufficient to determine medical necessity. (Testimony; Ex. 4, p. 12).
3. Appellant was sent a letter on January 9, 2024 stating what information was needed from appellant's doctor to make a determination. (Testimony; Ex. 4, p. 14).
4. Appellant was prescribed a morphine product in the past, but it made him nauseous (Testimony, Ex. 4, p. 6).
5. Appellant did not provide any medical records documenting trials with morphine sulfate extended-release, as requested by MassHealth (Testimony).

## Analysis and Conclusions of Law

### 450.303: Prior Authorization

In certain instances, the MassHealth agency requires providers to obtain prior authorization to provide medical services. These instances are identified in the billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances from the MassHealth agency. Such information including, but not limited to, the MassHealth Drug List is available on the MassHealth website at [www.mass.gov/druglist](http://www.mass.gov/druglist), and copies may be obtained upon request. The provider must submit all prior-authorization requests in accordance with the MassHealth agency instructions. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health-insurance payment.

Typically, MassHealth will not pay for any over the counter or prescription medication unless it is deemed medically necessary. (See 130 CMR 450.204.) 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, or 517.007.

(130 CMR 450.204(A).)

The drug sought by appellant requires prior authorization. (Ex. 4, p. 17). The prior authorization request submitted by appellant was denied because appellant did not provide sufficient documentation to determine medical necessity. Appellant’s provider indicated that appellant had tried a morphine product in the past (Ex. 4, p. 6). The DUR rep testified that no medical records were provided documenting trials with morphine-extended release, and therefore MassHealth was unable to determine medical necessity (Testimony). Via letter on January 9, 2024, the appellant was also apprised of what information was needed from his doctor to make a medical necessity determination. However, no records were received.

Appellant has failed to provide the necessary information to show medical necessity. Having failed

to show medical necessity, prior authorization was denied. MassHealth made no error.

The appeal is denied.

## **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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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Drug Utilization Review Program, ForHealth Consulting at UMass Chan Medical School, P.O. Box 2586, Worcester, MA 01613-2586, 774-455-3200