# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2401082

**Decision Date:** 2/26/2024 **Hearing Date:** 02/22/2024

Hearing Officer: Sara E. McGrath

Appearances for Appellant:

Appellant's Mother

Appearances for MassHealth:

Sara Pedone, PT



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

#### APPEAL DECISION

Appeal Decision: Denied Issue: Prior Authorization

for Durable Medical

Equipment

(Absorbent Products)

Decision Date: 2/26/2024 Hearing Date: 02/22/2024

MassHealth's Rep.: Sara Pedone, PT Appellant's Rep.: Mother

**Hearing Location:** Board of Hearings

(Telephonic)

## **Authority**

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

#### Jurisdiction

Through a notice dated January 9, 2024, MassHealth denied the appellant's prior authorization request for an increase in quantity of absorbent products (Exhibit 1). The appellant filed this appeal in a timely manner (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (130 CMR 610.032).

## **Action Taken by MassHealth**

MassHealth denied the appellant's request for prior authorization of an increased quantity of absorbent products.

#### Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

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## **Summary of Evidence**

The MassHealth representative, a physical therapist, and the appellant's representative, her mother, both appeared at the hearing by telephone. The record and testimony establish that the appellant is a minor child with a diagnosis of Down syndrome; she has incontinence without sensory awareness. On January 4, 2024, the appellant's provider submitted a prior authorization increase request on the appellant's behalf seeking 2,880 absorbent products for dates of service from January 10, 2024 through January 9, 2025.¹ On January 9, 2024, MassHealth administratively denied the request because the appellant's MassHealth coverage lapsed on January 2, 2024 (Exhibit 1, p. 6). Because MassHealth eligibility is a prerequisite for the approval of any durable medical equipment, the request was denied. The MassHealth representative stated that the appellant's provider is aware of the coverage issue and has indicated that she will resubmit the request when the appellant's MassHealth benefits have been reinstated.

The appellant's mother stated that she has two disabled children and makes sure that their benefits remain active. When she discovered that her daughter's MassHealth coverage had been terminated, she called MassHealth and was told that two forms were missing. She clarified that these forms had never been requested. Nevertheless, she sent in all the requested documentation and has no idea why coverage has not been reinstated. She works full time and does not have time to visit a MassHealth Enrollment Center.

### **Findings of Fact**

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

- 1. The appellant is a minor child with a diagnosis of Down syndrome; she has incontinence without sensory awareness.
- 2. On January 4, 2024, the appellant's provider submitted a prior authorization increase request on the appellant's behalf seeking 2,880 absorbent products.
- 3. On January 9, 2024, MassHealth administratively denied the request because the appellant's MassHealth coverage lapsed on January 2, 2024.
- 4. On January 22, 2024, the appellant timely appealed this MassHealth determination.

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<sup>&</sup>lt;sup>1</sup> The MassHealth representative clarified that MassHealth previously approved a prior authorization request for absorbent products for the appellant for dates of service from December 4, 2023 through December 3, 2024; this current request is for an increased quantity.

## **Analysis and Conclusions of Law**

The issue on appeal involves the appellant's request for an increase in the quantity of absorbent products that MassHealth previously authorized.<sup>2</sup> MassHealth's denial of this request is unrelated to a clinical determination; rather, it is due to the appellant's MassHealth eligibility status. All absorbent products require prior authorization from MassHealth, and requests for prior authorization for absorbent products must be accompanied by clinical documentation that supports the medical necessity for the absorbent product(s) being requested and must be submitted to MassHealth in accordance with 130 CMR 450.303(B) and 130 CMR 409.418.<sup>3</sup> 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 (130 CMR 450.303) (emphasis added).<sup>4</sup>

The parties do not dispute at the time of this prior authorization request, the appellant did not have any MassHealth coverage. Therefore, the appellant has not demonstrated that MassHealth erred in its determination (130 CMR 450.303).

The appeal is denied.

#### **Order for MassHealth**

<sup>&</sup>lt;sup>2</sup> Absorbent Products – diapers or brief-like garments, underpads, liners, and shields used to contain and/or manage symptoms of incontinence. Absorbent products may be disposable, reusable, or washable (130 CMR 409.402).

<sup>&</sup>lt;sup>3</sup> See MassHealth Guidelines for Medical Necessity Determination for Absorbent Products.

<sup>&</sup>lt;sup>4</sup> Further, MassHealth covers durable medical equipment, including absorbent products, provided to eligible MassHealth members; a member is defined as a person determined by the MassHealth agency to be eligible for MassHealth (130 CMR 409.402; 409.403(A); 409.413(B)).

## **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.

Sara E. McGrath Hearing Officer Board of Hearings

cc: Optum

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