

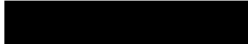
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2404323
<b>Decision Date:</b>	05/14/2024	<b>Hearing Date:</b>	04/23/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appellant Representative:**



**MassHealth Representative:**

Sara Pedone, Physical Therapist



*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>	PA – DME – Total-Electric Hospital Bed
<b>Decision Date:</b>	05/14/2024	<b>Hearing Date:</b>	04/23/2024
<b>MassHealth Rep.:</b>	Sara Pedone, PT	<b>Appellant Rep.:</b>	Pro se with mother
<b>Hearing Location:</b>	Remote-Virtual	<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 a notice dated March 1, 2024, MassHealth denied the appellant’s prior authorization (“PA”) request for a total-electric hospital bed (130 CMR 450.204 and Exhibit 1). The appellant filed a timely appeal with the Board of Hearings on March 14, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of a request for durable medical equipment (“DME”) is a valid ground for appeal. (130 CMR 610.032)

### Action Taken by MassHealth

MassHealth denied the appellant’s PA request for a total-electric hospital bed.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, in determining that a total-electric hospital bed is not medically necessary.

## Summary of Evidence

The MassHealth representative appeared virtually and testified that on February 28, 2024, MassHealth received a PA request on behalf of the appellant from [REDACTED] for a total-electric hospital bed. On March 1, 2024, MassHealth denied the appellant's PA request because it determined that less costly comparable equipment is available. The MassHealth representative noted that MassHealth would authorize payment for a semi-electric bed which is a less costly alternative to meet the appellant's medical needs. MassHealth noted a cost difference between a total-electric and semi-electric bed is \$600. The appellant is [REDACTED] and has been diagnosed with Duchenne Muscular Dystrophy, restrictive lung disease, scoliosis, and congestive heart failure (CHF). The appellant utilizes a Hoyer lift and receives personal care attendant ("PCA") services. The MassHealth representative referred to a virtual visit note dated January 10, 2024, completed by [REDACTED] the appellant's physician, which states that a new semi-electric bed was required because the current semi-electric bed is broken and cannot be repaired. [REDACTED] also notes that the appellant utilizes a Hoyer lift for transfers (Exhibit 4, p. 9). The MassHealth representative testified that in 2022, the appellant was approved on appeal for a power seat-elevator for his power wheelchair. A letter of medical necessity dated March 21, 2022, notes that the seat-elevator was necessary to assist the appellant because the Hoyer lift could not be utilized for certain transfers and caused the appellant pain (Exhibit 4, p. 7). The MassHealth representative testified that in 2018, the appellant submitted 3 prior authorization requests for a total-electric hospital bed. A total-electric hospital bed was denied on appeal in 2018.

The MassHealth representative referred to Guidelines for Medical Necessity Determination for Hospital Beds, and testified to the difference between a semi-electric bed which allows manual adjustment to height and electric adjustments to the head and leg elevation, and a total-electric bed which allows electric adjustments to height and to head and leg elevation (Exhibit 4, p. 13). The MassHealth representative testified to the Clinical Guidelines for a semi-electric hospital bed, including that a member must meet criteria for a fixed-height hospital bed, require frequent changes in body position, and/or may need immediate change in body position, and that the member be functionally and cognitively able to operate the controls for adjustment, with or without accessories as needed. The MassHealth representative also testified to the Clinical Guidelines for a total-electric hospital bed which require that the member meet the criteria for a variable-height hospital bed and semi-electric hospital bed, and that it is the least costly medically appropriate alternative (Exhibit 4, p. 14). The MassHealth representative also stated that the prior authorization request was submitted as a purchase; however, because the appellant has Medicare coverage and MassHealth coverage, the prior authorization request would need to be resubmitted as a rental.<sup>1</sup> The MassHealth representative further testified to Clinical Guidelines Section III which

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<sup>1</sup> The MassHealth representative cited 101 CMR 322; however, as the denial notice does not state this as a reason

requires for a total-electric hospital bed, documentation of medical necessity including documentation that the member is fully independent with transfers and requires the adjustable height to do that safely and independently, and that there is no other medical equipment comparable in effect, available, and suitable for the member for whom the service is requested (Exhibit 4, p. 16). The MassHealth representative stated that documentation shows that the appellant is not fully independent with transfers, and therefore does not meet criteria for a total-electric bed. MassHealth concluded that because the appellant's needs can be met with a semi-electric hospital bed, a total-electric hospital bed is not medically necessary pursuant to 130 CMR 409.414(B)(2) and 130 CMR 450.204(A)(2).

The appellant and his representative appeared virtually and testified that the appellant currently has a total-electric hospital bed which was donated, but is no longer functional, and noted that the Hoyer lift was not purchased by MassHealth but was also donated to the appellant. The appellant's representative testified that the physician made a mistake in requesting a semi-electric bed. The appellant's representative stated that some of the appellant's PCAs are tall and have difficulty operating a semi-electric bed. The appellant testified that he is not fully independent with transfers and utilizes the Hoyer lift and seat elevator for transfers. The appellant's representative testified that she is the primary PCA and has back issues, and she and other caregivers would have too much difficulty operating the manual crank on a semi-electric bed. The appellant and his representative testified that the semi-electric bed is too difficult to operate and that they will try to have another total-electric bed donated. The appellant's representative testified that the appellant is also requesting a total-electric bed through the Veterans Administration which will hopefully be approved.

## Findings of Fact

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

1. On February 28, 2024, MassHealth received a PA request on behalf of the appellant from [REDACTED] for a total-electric hospital bed. On March 1, 2024, MassHealth denied the appellant's PA request because it determined that less costly comparable equipment is available.
2. The cost difference between a total-electric and semi-electric bed is \$600.
3. A semi-electric bed allows manual adjustment to height and electric adjustments to the head and leg elevation; a total-electric bed allows electric adjustments to height and to head and leg elevation.

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for the denial, the issue is not addressed here. However, the appellant may wish to discuss this with the DME provider if future requests are submitted.

4. The appellant is [REDACTED] and has been diagnosed with Duchenne Muscular Dystrophy, restrictive lung disease, scoliosis, and congestive heart failure (CHF).
5. The appellant utilizes a Hoyer lift and receives personal care attendant (“PCA”) services.
6. A virtual visit note dated January 10, 2024, completed by [REDACTED], the appellant’s physician, states that a new semi-electric bed was required because the current semi-electric bed is broken and cannot be repaired.
7. The appellant was approved on appeal in 2022 for a power seat-elevator for his power wheelchair. A letter of medical necessity dated March 21, 2022, notes that the seat-elevator was necessary to assist the appellant because the Hoyer lift could not be utilized for certain transfers and caused the appellant pain.
8. In 2018, the appellant submitted 3 prior authorization requests for a total-electric hospital bed. A total-electric hospital bed was denied on appeal in 2018.
9. The appellant currently has a total-electric hospital bed which was donated, but is no longer functional, and a Hoyer lift was not purchased by MassHealth, but was also donated to the appellant.
10. The appellant is not fully independent with transfers.

## **Analysis and Conclusions of Law**

MassHealth may only pay medical providers for certain services, including durable medical equipment (“DME”) and supplies if the particular service is found to be “medically necessary.” The regulatory definition of “medically necessary” is found at 130 CMR 450.204(A), and reads as follows:

- (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 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.

(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, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(Emphasis added)

In addition, MassHealth does not pay for the following:

...

(A) DME that is experimental or investigational 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)...

(130 CMR 409.414.) (Emphasis added.)

MassHealth Guidelines for Medical Necessity Determination for Hospital Beds require for a total-electric hospital bed that the member meet the criteria for a variable-height hospital bed and semi-electric hospital bed, and that it is the least costly medically appropriate alternative (Exhibit 4, p. 14). Clinical Guidelines Section III requires for a total-electric hospital bed, documentation of medical necessity including documentation that the member is fully independent with transfers and requires the adjustable height to do that safely and independently, and that there is no other medical equipment comparable in effect, available, and suitable for the member for whom the service is requested (Exhibit 4, p. 16). The appellant does not meet the Clinical Guidelines for a total-electric hospital bed because he is not fully independent with transfers. Further, a semi-electric hospital bed is less costly, comparable in effect, available, and suitable for the appellant. MassHealth regulations take into consideration only what is medically necessary for the

MassHealth member and do not contemplate a caretaker's limitations. Because clinical guidelines for a total-electric hospital bed are not met, and the appellant's needs can be met with the less costly semi-electric hospital bed, a total-electric hospital bed is not medically necessary pursuant to 130 CMR 409.414(B)(2), 130 CMR 450.204(A)(2), and the Guidelines for Medical Necessity Determination for Hospital Beds.

For the foregoing reasons, 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 J. Goode  
Hearing Officer  
Board of Hearings

cc:

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