

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



| | | | |
|-------------------------|--------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2501428 |
| Decision Date: | 4/16/2025 | Hearing Date: | 02/26/2025 |
| Hearing Officer: | Christine Therrien | | |

Appearance for Appellant:



Appearance for MassHealth:

Sara Pedone, PT



*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: | Denied | Issue: | Prior authorization – durable medical equipment |
| Decision Date: | 4/16/2025 | Hearing Date: | 02/26/2025 |
| MassHealth's Rep.: | Sara Pedone, PT | Appellant's Rep.: | Mother |
| Hearing Location: | Quincy Harbor South Telephonic | | |

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 12/30/24 MassHealth denied the appellant's request for prior authorization (PA) for an Obi Independent Feeding Device. (130 CMR 450.204 and Exhibit 1). The appellant filed this appeal in a timely manner on 1/21/25. (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for an Obi Independent Feeding Device.

Issue

The issue on appeal is whether MassHealth was correct, pursuant to 130 CMR 450.204, in denying the appellant's PA for an Obi Independent Feeding Device.

Summary of Evidence

The MassHealth representative testified that the appellant is [REDACTED] with a primary diagnosis is quadriplegic cerebral palsy. The MassHealth representative submitted into evidence the appellant's prior authorization (PA) request for an Obi Independent Feeding Device. (Exhibit 5). The MassHealth representative testified that the PA was received on 12/27/24. (Exhibit 5). The MassHealth representative testified that this PA was denied on 12/30/24 because the appellant has "active approved services to meet the same needs/services of the requested product, and the identified medical needs of the member are met with those approved services." (Exhibit 5). The MassHealth representative testified that the request does not meet medical necessity guidelines per 130 CMR 450.204. The MassHealth representative testified that the Obi device costs \$7,700.22. (Exhibit 5). The MassHealth representative testified that the appellant has a PCA, which includes assistance time for feeding. The MassHealth representative testified that the appellant's medical records indicate that she has difficulty swallowing, which makes the Obi Independent Feeding Device inappropriate due to a choking risk. The MassHealth representative testified that a caregiver would still have to set up the device and supervise the appellant's eating. The MassHealth representative testified that MassHealth is the payer of last resort, and the appellant has not submitted the request to her primary insurance company yet.

The appellant's mother testified that the Obi would provide the appellant with some independence. The appellant's mother testified that the appellant can move her head to operate the switches on the Obi device.

Findings of Fact

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

1. The appellant is [REDACTED] with a primary diagnosis of quadriplegic cerebral palsy.
2. On 12/27/24, a PA request for an Obi Independent Feeding Device was submitted to MassHealth.
3. On 12/30/24, MassHealth denied the PA request because the appellant has "active approved services to meet the same needs/services of the requested product, and the identified medical needs of the member are met with those approved services."
4. The Obi device costs \$7,700.22.
5. The appellant has a PCA, which includes assistance time for feeding.
6. The appellant's medical records indicate difficulty swallowing, which makes the Obi Independent Feeding Device inappropriate due to a choking risk.

7. A caregiver would have to set up the device and supervise the appellant's eating.
8. MassHealth is the payer of last resort, and the appellant has not submitted the request to her primary insurance company yet.

Analysis and Conclusions of Law

Pursuant to 130 CMR 450.204, MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(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 Division.** Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider, or identified by the Division 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.

Further MassHealth regulation 409.414, entitled "Noncovered Services," states that MassHealth does not pay for the following types of Durable Medical Equipment:

(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);

The appellant already has a PCA, which is paid for by MassHealth. Additionally, the appellant has a primary insurer, and she has not submitted a request for the Obi Independent Feeding Device to her primary insurance company. Medical necessity guidelines state that MassHealth will not pay for services if there is a service “suitable for the member...that is more conservative or less costly.” The appellant not only has feeding assistance included in her PCA time, but she also has primary insurance that may cover the cost of the device.

For these reasons, the appeal is **denied** because the Obi Independent Feeding Device does not meet the criteria for medical necessity.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

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