

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



Appeal Decision:	Denied	Appeal Number:	2503295
Decision Date:	05/16/2025	Hearing Date:	03/25/2025
Hearing Officer:	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Sarah Pedone, PT, Optum



*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 – Durable Medical Equipment
<b>Decision Date:</b>	05/16/2025	<b>Hearing Date:</b>	03/25/2025
<b>MassHealth's Rep.:</b>	Sarah Pedone, PT, Optum	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South	<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 01/28/2025, MassHealth informed the appellant that denied her prior authorization (PA) request for a power wheelchair accessories: power seat elevator, light kit, and cup holder (130 CMR 450.204(A)) (130 CMR 450.303; Exhibit 1). On 02/26/2025, a timely appeal was filed on the appellant's behalf by her mother/legal guardian (130 CMR 610.015(B); Exhibits 2 and 4). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's PA request for power wheelchair accessories: power seat elevator, light kit, and cup holder.

### Issue

Is MassHealth correct in denying the appellant's prior authorization request for power wheelchair

accessories: power seat elevator, light kit, and cup holder?

## Summary of Evidence

All parties appeared telephonically at the fair hearing. Exhibits 1-6 were marked as evidence.

The MassHealth consultant, a licensed physical therapist, testified that on 01/27/2025, MassHealth received a prior authorization (PA) request from National Seating and Mobility (Provider) on behalf of the appellant for a Group 3 power wheelchair, power seat elevator, power seating system, tilt and recline function, accessories, lighting kit, and cup holder. MassHealth approved all items except the powered seat elevator, lighting kit, and cup holder line items. Included in the PA request packet is a letter of medical necessity from [REDACTED] PT (Exhibit 5, pp. 30-31).

According to the information provided in the letter of medical necessity, the appellant is in her [REDACTED] and has diagnoses which include myelodysplasia, [REDACTED]

[REDACTED] The physical therapist states in her letter that

[The appellant] requires a power wheelchair with tilt, recline, elevating footrests and elevation. The tilt is required for pressure management. The recline is required for catheterization. The elevating footrests are required to aid in edema management and to aid in the prevention of foot wounds. The elevation is required as [REDACTED] has poor functional reach. Without this feature she cannot access her kitchen, medicine chest, and closets. In addition, she needs to elevate and slightly tilt her chair to get her feet properly positioned and tucked rearward when travelling in her family van.

(Exhibit 5, pp. 30-31.)

The MassHealth representative testified that the light kit was denied by MassHealth because there is no prescription or order for it from the appellant's physician. The cup holder was denied by MassHealth because it is not durable medical equipment pursuant to the regulations.

Next, the MassHealth representative addressed the seat elevator that was denied by MassHealth. She first explained that MassHealth does not have published guidelines for a power wheelchair seat elevator, so the Medicare guidelines would apply to the request.

According to Medicare National Coverage Determinations Centers for Medicare & Medicaid Services (CMS) Transmittal 12183, which states in pertinent part:

Effective for claims with dates of service on or after May 16, 2023, Power seat elevation

equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs (as defined in 42 CFR §414.202) when the following conditions are met under NCD 280.16:

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,
2. At least one of the following apply:
  - A. The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker); or,
  - B. The individual requires a non-weight bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; or,
  - C. The individual performs reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare covered power wheelchairs other than complex rehabilitative power-driven wheelchairs.

(See CMS Manual System Department of Health & Human Services (DHHS) Pub 100-03 Medicare National Coverage Determinations Centers for Medicare & Medicaid Services (CMS) Transmittal 12183.)

The MassHealth representative stated that a seat elevator “raises and lowers the wheelchair seat while a person is seated.” The appellant was previously provided with a seat elevator on her power wheelchair by Tufts, when she was enrolled in that organization. The MassHealth representative testified that MassHealth has never approved a seat elevator for the appellant. In this case, it was denied by MassHealth because the request did not meet the medical necessity guidelines and the CMS guidelines.

The MassHealth representative testified that the appellant receives 57 hours a week of personal care attendant (PCA) services and has been provided with a Hoyer lift in her home for transfers between the bed, the wheelchair and to the sofa. She can independently operate the power

wheelchair. The PCA time was provided to assist the appellant with her activities of daily living (ADL), including mobility, transfers, bathing, dressing, grooming, and toileting. Since MassHealth has provided services to assist the appellant with her ADL's, the seat elevator is not medically necessary.

Next the MassHealth representative testified that the request for the seat elevator for the purposes of catheterization is not medically necessary because it does not meet the standards of care for this task. The MassHealth representative testified that the power tilt and recline feature, which was approved in this case, should be used when catheterizing the appellant. She can fully recline while the task is performed. A seat elevator should not be used for catheterization. Because the appellant's request for a seat elevator did not meet the medical necessity guidelines, CMS guidelines, or professional care standards, MassHealth denied the request (Exhibits 1 and 5).

The appellant was represented in this proceeding by her mother who is also her legal guardian (Exhibit 4). She testified that the appellant has [REDACTED] which makes her prone to urinary tract infections, which can be serious and deadly. The mother testified that she is elderly, and she has difficulty catheterizing the appellant without a seat elevator. She stated "I cannot get up from my hands and knees" when catheterizing the appellant in her chair. The mother testified that the appellant is "obese," and it "takes time to empty her bladder." When the appellant has a seat elevator on her power wheelchair, the family has "no need to use the Hoyer lift." Unless the appellant is provided with a seat elevator, she cannot go on school field trips or stay overnight at a hotel because she cannot be transferred to a seat or a bed. A seat elevator eliminates the need for Hoyer lift when they are outside the home. The mother spoke about a recent trip to [REDACTED] when the appellant was injured in a hotel in an attempt to transfer her from the wheelchair to the bed. She said that Hoyer lifts are not available in hotels, and even if they were, there is often no space under the bed to accommodate the Hoyer Lift. The mother concluded that a seat elevator is medically necessary for the appellant's needs.

## Findings of Fact

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

1. The appellant is in her [REDACTED] and has diagnoses which include myelodysplasia, [REDACTED].  
[REDACTED]
2. On 01/27/2025, MassHealth received a prior authorization (PA) request from National Seating and Mobility (Provider) on behalf of the appellant for a Group 3 power wheelchair, power seat elevator, power seating system, tilt and recline function, accessories, lighting kit, and cup holder.
3. Through a notice dated 01/28/2025, MassHealth informed the appellant that denied her prior

authorization (PA) request for a power wheelchair accessory, power seat elevator, light kit, and cup holder (130 CMR 450.204(A)) (130 CMR 450.303; Exhibit 1). On 02/26/2025, a timely appeal was filed on the appellant's behalf by her mother/legal guardian.

4. MassHealth approved all items except the powered seat elevator, the lighting kit, and the cup holder line items.
5. According to the letter of medical necessity included with the PA request:

[The appellant] requires a power wheelchair with tilt, recline, elevating footrests and elevation. The tilt is required for pressure management. The recline is required for catheterization. The elevating footrests are required to aid in edema management and to aid in the prevention of foot wounds. The elevation is required as [the appellant] has poor functional reach. Without this feature she cannot access her kitchen, medicine chest, and closets. In addition, she needs to elevate and slightly tilt her chair to get her feet properly positioned and tucked rearward when travelling in her family van.

(Exhibit 5.)

6. The appellant receives 57 hours a week of PCA services to assist her with ADL's, including, but not limited to, mobility, transfers, bathing, dressing, and grooming. Included in the PCA services is assistance with the appellant to reach high objects.
7. The MassHealth representative is a licensed physical therapist.
8. The MassHealth consultant testified that professional care standards do not support the use of a seat elevator for catheterization.
9. There is no prescription or order from a physician for the request for a lighting kit.
10. A cup holder is not durable medical equipment.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 450.204 address medical necessity as follows:

The MassHealth agency 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 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.)

Durable medical equipment regulations at 130 CMR 409.414 address noncovered services as follows:

The MassHealth agency does not pay for the following:

(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);

(C) the repair of any durable medical equipment that is not identified as a covered service in Subchapter 6 of the Durable Medical Equipment Manual;

(D) the repair of any equipment where the cost of the repair is equal to or more than the cost of purchasing a replacement;

(E) routine periodic testing, cleaning, regulating, and checking of durable medical equipment that is owned by the member;

- (F) DME that is not of proven quality and dependability;
- (G) durable medical equipment that has not been approved by the federal Food and Drug Administration (FDA) for home use;
- (H) evaluation or diagnostic tests conducted by the DME provider to establish the medical need for DME;
- (I) home or vehicle modifications, such as ramps, elevators, or stair lifts;
- (J) common household and personal hygiene items generally used by the public, including but not limited to washcloths, wet wipes, and non-sterile swabs;
- (K) products that are not DME;
- (L) certain durable medical equipment provided to members in facilities in accordance with 130 CMR 409.415; and
- (M) provider claims for noncovered services under 130 CMR 409.414 for MassHealth members with other insurance, except as otherwise required by law.

According to Medicare National Coverage Determinations Centers for Medicare & Medicaid Services (CMS) Transmittal 12183, which states in pertinent part:

Effective for claims with dates of service on or after May 16, 2023, Power seat elevation equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs (as defined in 42 CFR §414.202) when the following conditions are met under NCD 280.16:

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,
2. At least one of the following apply:
  - A. The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker); or,
  - B. The individual requires a non-weight bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; or,
  - C. The individual performs reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME



MAC) has discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare covered power wheelchairs other than complex rehabilitative power-driven wheelchairs.

(See CMS Manual System Department of Health & Human Services (DHHS) Pub 100-03 Medicare National Coverage Determinations Centers for Medicare & Medicaid Services (CMS) Transmittal 12183.)

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333 , 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386 , 390 (1998).

MassHealth received a prior authorization (PA) request from National Seating and Mobility on behalf of the appellant for a Group 3 power wheelchair with power tilt recliner and accessories. MassHealth approved all items except the powered seat elevator, the lighting kit, and the cup holder line items.

The appellant has advanced two arguments in support for the power seat elevator: first that the power seat elevator would allow her to reach things in the home to assist with ADLs; and second that the seat elevator makes it easier for the care giver, an elderly woman, to catheterize the appellant, especially when she is outside the home.

The MassHealth representative, a licensed physical therapist, stated that medical necessity is met when the item is 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 meets professional standards. She testified credibly that the documentation submitted with the requested equipment does not demonstrate medical necessity. She opined, and I find as a fact, that using a seat elevator to catheterize a member does not meet professional standards of care. Additionally, MassHealth has provided 57 hours per week of PCA assistance, which includes assistance with the appellant's ADL's, including mobility, transfers, bathing, dressing and toileting. A seat elevator would be duplicative of the services that have already been approved. Moreover, Medicare regulations, above, state that certain criteria be met to approve a seat elevator. The appellant meets none. This portion of the appeal is therefore denied.

The MassHealth representative also testified that the regulations do not support the request for a lighting kit, because there is no prescription or doctor's order for this request. Despite the appellant's desire for the lighting kit, MassHealth is not able to approve a request that is not

supported by a doctor's order and meet medical necessity. Accordingly, this portion of the appeal is denied.

Lastly, there was no dispute that the cup holder is not durable medical equipment. The MassHealth representative based her testimony on its determination that a cup holder is "a common household and personal hygiene items generally used by the public including, but not limited to, washcloths, wet wipes, and non-sterile swabs," and thus, not durable medical equipment (see 130 CMR 409.414(K)). There was no objection to this determination. This portion of the appeal is denied.

This appeal is therefore 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings



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