Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2507862
Decision Date:	09/30/2025	**Hearing Date:**	8/19/2025
Hearing Officer:	Patrick Grogan	**Record Open to:**	N/A

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Sara Pedone, Optum Clinical Reviewer

Interpreter:
N/A

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:	09/30/2025	**Hearing Date:**	8/19/2025
MassHealth's Rep.:	Sara Pedone	**Appellant's Rep.:**	[redacted]
Hearing Location:	Remote (Tel)	**Aid Pending:**	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 April 22, 2025, MassHealth denied the Appellant's Prior Authorization (PA) request for durable medical equipment (DME). Specifically, MassHealth had previously approved a PA for a Cubby Bed, but denied the request for the Technology HUB, finding that the HUB was a non-DME item and does not have coverage under the MassHealth plan. (Testimony, Exhibit 1, 130 CMR 409.414(K)). The Appellant, through his mother, filed a timely request for a Fair Hearing[1]. (Exhibit 2, 130 CMR 610.015). Challenging a MassHealth determination regarding a denial or modification of the scope of a request for assistance is a valid ground for appeal to the Board of Hearings. (130 CMR 610.032)

Action Taken by MassHealth

MassHealth denied the request for the Technology Hub, finding that the HUB was a non-DME item and does not have coverage under the MassHealth plan.

[1] The Appellant had initially requested the Appeal on May 21, 2025, however the form provided had not been signed by the Appellant's Mother. (Exhibit 2, pgs. 2-3). The Board of Hearings sent a letter, dated May 22, 2025, indicating that the appeal would be dismissed. The Appellant's mother had contacted the Board of Hearings and testified that she had been told that the updated form she had sent had been misplaced. The Appellant's mother sent another form. On July 22, 2025, the Board of Hearings scheduled this appeal for Hearing. (Exhibit 3)

Issue

Was MassHealth correct, pursuant to 130 CMR 409.414(K), in denying the request for the Technology Hub, finding that the HUB was a non-DME item and does not have coverage under the MassHealth plan?

Summary of Evidence

The Appellant is a MassHealth member, a child under the age of 18. (Exhibit 4) The Appellant's primary diagnoses include Autism Spectrum Disorder as well as Global Developmental Delay. (Exhibit 5) The Appellant has been sleeping in the same bed as the Appellant's mother. (Testimony, Exhibit 5) The Appellant was approved for a Cubby Bed in January of 2025. (Testimony, Exhibit 6) The Appellant, through the Appellant's provider, [redacted] Inc., submitted a request for prior authorization for the Technology HUB accessory for the Cubby Bed. (Testimony, Exhibit 6). MassHealth denied the request for the Technology HUB, finding that the HUB was non-durable medical equipment which is not covered by MassHealth. (Testimony, Exhibit 1)

As detailed in a letter from the fall of 2024 submitted by one of the Appellant's doctors, the Appellant requires 24/7 supervision for safety. (Exhibit 5) The Appellant presents with elopement behavior and is at risk for injuries due to falls as well as displaying self-injurious behaviors. The Appellant's physician wrote "the requested bed will provide a controlled environment that supports healthy behaviors to improve their sleep hygiene and patient safety." (Exhibit 5) Additionally, the Appellant's physician's letter explicitly addresses the Technology Hub as it pertains to the Appellant:

> **"The Cubby Bed is the only available safety bed that offers features that are medically necessary to meet the unique needs** of [Appellant] to optimize his sleep hygiene and maximize safety to reduce risk of injury [and/or] self-harm. The Cubby bed eliminates the 7-zones of entrapment identified by the FDA.
> …
> **Electronics Hub**
> • incorporates a circadian light for creating a more normative sleep wake cycle to improve sleep hygiene.
> • incorporates a Bluetooth camera for uninterrupted remote monitoring for caregiver.
> • incorporates a two-way communication system with speaker and mic for communicating to de-escalate a behavior or provide other verbal cues user requires.
> • ability to input soothing sounds for low stimulation and sensory regulation.
> • assists in creating an environment for sensory regulation to moderate the user's behaviors.

- can be controlled by the caregiver through an app that can adjust the settings to create a soothing, safe environment to deescalate emotions and behaviors." (Exhibit 5)

The Appellant's mother expounded upon these behaviors, indicating that the Appellant bangs his head against the wall, often until he begins bleeding. (Testimony) Additionally, the Appellant has smeared feces around the home and around the sleeping area if left unattended. (Testimony) The Appellant has been sleeping in the same bed as the Appellant's mother. (Testimony). The Appellant's mother has her own medical problems, including requiring a device for sleeping due to an asthma diagnosis. (Testimony) Once the Appellant had received the Cubby bed, an attempt was made to have the Appellant sleep in his own bed, but the attempt was unsuccessful. (Testimony) The Appellant had cried and was inconsolable due to the darkness of the enclosed bed. (Testimony) Additionally, the Appellant's mother is unable to monitor the Appellant's unhygienic and self-injurious behavior when the Appellant is in the Cubby Bed. (Testimony)

MassHealth stated that the doctor's letter, referenced supra, was the basis for the approval of the Cubby Bed. (Testimony, Exhibit 5) Regarding the denial of the Technology HUB, MassHealth cited to a series of regulations, including the DME regulation (titled "*Noncovered Services*") at 130 CMR 409.414 which, at subsection (K), states that MassHealth would not cover *"products that are not DME"*. MassHealth also cited to the definition of DME within the DME regulations at 130 CMR 409.402 and stated that the accessories are not DME. (Testimony) The MassHealth denial notice cited the regulation at 130 CMR 409.414(K). (Exhibit 1) The MassHealth Representative referenced the medical necessity regulation guideline at 130 CMR 450.204. (Testimony). MassHealth stated that all services must be medically necessary to be covered by the agency and that medical necessity requires that such services be reasonably calculated to address a legitimate medical concern and that there be no available comparable or suitable alternative that is least costly to the agency. (Testimony) Additional medical necessity information may be found at MassHealth Guidelines for Medical Necessity Determination for Hospital Beds[2]. Within the MassHealth Guidelines for Medical Necessity Determination for Hospital Beds, the Technology Hub accessory is not a covered code.

Findings of Fact

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

1. The Appellant is a MassHealth member, a child under the age of 18. (Exhibit 4) The Appellant's primary diagnoses included Autism Spectrum Disorder as well as Global Developmental Delay. (Exhibit 5)

[2] The MassHealth Guidelines for Medical Necessity Determination for Hospital Beds may be found at https://www.mass.gov/doc/hospital-beds/download

2. The Appellant, through the Appellant's provider, submitted a request for prior authorization for the Technology HUB accessory for the Cubby Bed. (Testimony, Exhibit 6). MassHealth denied the request for the Technology HUB, finding that the HUB was non-durable medical equipment which is not covered by MassHealth. (Testimony, Exhibit 1) The Appellant had previously been approved for the Cubby Bed. (Testimony)

3. The Appellant has a history of elopement behavior and is at risk for injuries due to falls as well as displaying self-injurious behaviors. The Appellant's mother explained that the Appellant bangs his head against the wall, often until he begins bleeding. (Testimony) Additionally, the Appellant has smeared feces around the home and around the sleeping area if left unattended. (Testimony)

4. Once the Appellant had received the Cubby bed, an attempt was made to have the Appellant sleep in his own bed, but the attempt was unsuccessful. (Testimony) The Appellant had cried and was inconsolable due to the darkness of the enclosed bed. (Testimony) Additionally, the Appellant's mother is unable to monitor the Appellant's unhygienic and self-injurious behavior when the Appellant is in the Cubby Bed. (Testimony)

5. The Appellant's physician submitted a letter of support of approval of the Technology HUB accessories for the bed for the safety of the Appellant. (Exhibit 5)

6. The MassHealth Guidelines for Medical Necessity Determination for Hospital Beds do not include the Technology HUB as a listed covered hospital bed accessory. (MassHealth Guidelines for Medical Necessity Determination for Hospital Beds)

Analysis and Conclusions of Law

The regulations concerning DME services are found at 130 CMR 409.000. Pursuant to 130 CMR 409.427(C), the MassHealth agency may only pay for DME if the equipment is medically necessary. (130 CMR 409.407; 130 CMR 409.413(A)). There are also limits for when the DME requested may not be coverable. (130 CMR 409.414)

The MassHealth regulation in 130 CMR 450.204, which applies to all providers, including DME providers, describes what kind of services meet the definition for this term, and appears in relevant part below:

> 130 CMR 450.204: Medical Necessity
> 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…

MassHealth's denial Notice (Exhibit 1) cites to 130 CMR 409.414(K), and the MassHealth representative listed both this regulation and the definition of DME in 130 CMR 409.402. Portions of those regulations, relevant to this appeal, are as follows:

409.414: Non-covered Services
The MassHealth agency 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 409.000, and 130 CMR 450.204: Medical Necessity. 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, disability, 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 DME …;
(D) the repair of any equipment … ;
(E) routine periodic testing, cleaning, regulating, and checking of DME that is owned by the member;
(F) DME that is not of proven quality and dependability, consistent with 130 CMR 409.404(B)(12);
(G) DME furnished through a consignment/stock and bill closet …;
(H) DME that has not been approved by the federal Food and Drug Administration (FDA) for community use;
(I) evaluation or diagnostic tests conducted by the DME provider to establish the

medical need for DME;
(J) home or vehicle modifications …;
(K) common household and personal hygiene items generally used by the public including, but not limited to, washcloths, wet wipes, and non-sterile swabs;
(L) products that are not DME (except for augmentative and alternative communication devices covered pursuant to M.G.L. c. 118E, § 10H under 130 CMR 409.428);
(M) certain DME provided to members in facilities in accordance with 130 CMR 409.415; and
(N) provider claims for non-covered services under 130 CMR 409.414 for MassHealth members with other insurance, except as otherwise required by law.

409.402: Definitions
The following terms used in 130 CMR 409.000 have the meanings given in 130 CMR 409.402, unless the context clearly requires a different meaning. Payment for services defined in 130 CMR 409.402 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 409.000, 101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, and in 130 CMR 450.000: Administrative and Billing Regulations.
…
Accessories - products that are used primarily and customarily to modify or enhance the usefulness or functional capability of an item of durable medical equipment and that are generally not useful in the absence of the item of durable medical equipment.
…
DME - as used in 130 CMR 409.000, DME means the durable medical equipment and medical supplies covered by 130 CMR 409.000.
…
Durable Medical Equipment (DME) - equipment that
(1) is used primarily and customarily to serve a medical purpose;
(2) is generally not useful in the absence of disability, illness or injury;
(3) can withstand repeated use over an extended period; and
(4) is appropriate for use in any setting in which normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except as allowed pursuant to 130 CMR 409.415 and 130 CMR 409.419(C).

The Regulation found at 130 CMR 409.413 provides additional guidance related to covered services:

409.413: Covered Services
(A) MassHealth covers medically necessary DME that can be appropriately used in the member's home or setting in which normal life activities take place, and in certain

circumstances described in 130 CMR 409.415 for use in facilities. …
(B) MassHealth covers the DME listed in Subchapter 6 of the Durable Medical Equipment Manual, the DME and Oxygen Payment and Coverage Guideline Tool, and any successor guidance issued by the MassHealth agency or its designee. Providers may request prior authorization for medically necessary DME if the corresponding service code is not listed in Subchapter 6 or the DME and Oxygen Payment and Coverage Guideline Tool. Covered DME includes, but is not limited to
(1) absorbent products;
(2) ambulatory equipment, such as crutches and canes;
(3) compression devices;
(4) augmentative and alternative communication devices;
(5) enteral and parenteral nutrition;
(6) nutritional supplements;
(7) home infusion equipment and supplies (pharmacy providers with DME specialty only);
(8) glucose monitors and diabetic supplies;
(9) mobility equipment and seating systems;
(10) personal emergency response systems (PERS);
(11) ostomy supplies;
(12) support surfaces;
(13) hospital beds and accessories;
(14) patient lifts; and
(15) bath and toilet equipment and supplies (including, but not limited to, commodes, grab bars, and tub benches).

Although accessories for a hospital bed may potentially be covered (130 CMR 409.413(B)(13)), additional guidance is found within the MassHealth Guidelines for Medical Necessity Determination for Hospital Beds. Within the MassHealth Guidelines for Medical Necessity Determination for Hospital Beds, the Technology Hub sought by the Appellant is not included as a covered accessory. (MassHealth Guidelines for Medical Necessity Determination for Hospital Beds)

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also 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).

Based upon this Administrative Record, I find that the Appellant has not met the burden, by a preponderance of evidence, to show the invalidity of MassHealth's determination. The Appellant had been approved for a Cubby Bed as medically necessary durable medical equipment in January

of 2025. (Testimony) However, MassHealth denied the request for the "Technology Hub" accessory for the bed because it determined it did not meet the definition of DME. MassHealth's determination is supported by the Record. The features of the Technology Hub include a Bluetooth video camera, a circadian light, and other features that are not primarily used for medical purposes and are frequently used in the absence of disability, illness, or injury. Items such as Bluetooth cameras and devices that display lights or sounds are commonly available for retail purchase. Additionally, within the MassHealth Guidelines for Medical Necessity Determination for Hospital Beds, the Technology Hub is not listed as an accessory code covered by MassHealth.

For the reasons set forth above, the Technology Hub does not meet the regulatory definition of DME, it is not a covered hospital bed accessory, and it is therefore not a covered service under MassHealth Regulations. Accordingly, this appeal is DENIED.

Order for MassHealth/OPTUM

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.

Patrick Grogan
Hearing Officer
Board of Hearings

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