Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	DENIED	**Appeal Number:**	2509192
Decision Date:	08/08/2025	**Hearing Date:**	07/23/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Susan Lebreux, R.N., Optum

Interpreter:
[redacted]

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; Home Health Services
Decision Date:	08/08/2025	**Hearing Date:**	07/23/2025
MassHealth's Rep.:	Susan Lebreux	**Appellant's Rep.:**	[redacted]
Hearing Location:	Remote	**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 May 28, 2025, MassHealth modified the appellant's prior authorization (PA) request for home health services (HHS). See 130 CMR 450.204(A) and Exhibit 1. The appellant filed this appeal in a timely manner on June 17, 2025. See 130 CMR 610.015(B) and Exhibit 2. A change in the level of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for home health services.

Issue

Whether MassHealth was correct in modifying the appellant's prior authorization request for home health services. See 130 CMR 403.000.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse from Optum, the contractor who makes the home health services decisions for MassHealth. The appellant appeared pro se and with the assistance of an interpreter verified his identity. A physician from [redacted] (Provider) also participated on the appellant's behalf. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that a prior authorization request was submitted on behalf of the appellant on May 5, 2025, requesting 14 skilled nursing visits (SNV) per week with 3 PRN[1] and 13 medication administration visits (MAV) per week from May 5, 2025 to October 31, 2025. On May 6, 2025, MassHealth deferred this request based on missing documentation. On May 22, 2025, Provider submitted the following documents: 1) an order dated May 9, 2025, in which the doctor ordered change of surgical wound twice daily by cleaning with normal saline and applying dry sterile gauze; 2) discharge summary; and 3) communication notes. See Exhibit 6, pp. 63, 39-53, and 57.

On May 28, 2025, MassHealth modified the SNVs to 1 visit per week with 3 PRN and approved the MAVs as requested (13 visits per week) from May 5, 2025 to July 3, 2025. The MassHealth representative stated that the dates of service were modified based on inconsistencies in submissions and SNVs were modified because they were not medically necessary.

The MassHealth representative stated that the appellant is an adult under the age of 65. He is not homebound. He is alert and oriented with forgetfulness. He has a primary diagnosis of umbilical hernia with gangrene. See Exhibit 6, pp. 16-21. According to the nursing notes, no skilled nursing tasks were performed during the AM or PM visits. The treatment performed were listed as "sutured and observable surgical wound" and notes indicated teaching regarding the wound but no intervention. See Exhibit 6, pp. 24, 27. She added that a skilled nurse did administer medications during the AM and PM visits and pre poured other medications. Based on documents provided MassHealth made modifications because visits were primarily for medication administration and not skilled nursing tasks.

The appellant who testified through an interpreter agreed with the testimony of the MassHealth representative. He stated that he has fully recovered from his surgery, does not need SNVs, and only requires personal care assistance service hours. Both the MassHealth representative and the doctor from Provider clarified for the appellant that this appeal was regarding the modifications made to prior SNVs provided.

The doctor from Provider agreed with MassHealth's modification of the dates of service. He testified that after the appellant's surgery, skilled nursing services were provided by an LPN twice a day in order to provide wound care and apply ABD pads to the wound. The appellant consistently

[1] PRN means "as needed."

and adamantly denied being provided with skilled nursing services twice a day. He stated that he was visited once a day and that the person always requested supplies from the appellant in order to change the gauze on his wound. He added that he was fully capable of changing the gauze himself. The appellant did confirm that he was assisted with medication administration and the pre pouring of his medications.

In response to the doctor's testimony, the MassHealth representative stated that the doctor's orders were to apply dry sterile dressing or an ABD pad to the wound which are just descriptive terms for application of a normal gauze or a thicker gauze which are not considered a skilled nursing task. The appellant concurred with this testimony.

Findings of Fact

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

1. The appellant is an adult under the age of 65. He is not homebound. He has a primary diagnosis of umbilical hernia with gangrene. (Testimony and Exhibit 6).

2. A prior authorization request was submitted on behalf of the appellant on May 5, 2025, requesting 14 skilled nursing visits (SNV) per week with 3 PRN and 13 medication administration visits (MAV) per week from May 5, 2025 to October 31, 2025. (Testimony and Exhibit 6).

3. On May 28, 2025, MassHealth modified the SNVs to 1 visit per week with 3 PRN and approved the MAVs as requested (13 visits per week) from May 5, 2025 to July 3, 2025. (Testimony and Exhibit 1).

4. On June 17, 2025, the appellant filed a timely request for a hearing with the Board of Hearings (Exhibit 2).

5. A fair hearing was held on July 23, 2025. (Exhibit 3).

6. There is no dispute regarding MassHealth's modification of the dates of service of May 5, 2025, to July 3, 2025. (Testimony).

7. According to the nursing notes and the appellant's testimony, no skilled nursing tasks were performed during the AM or PM visits. (Testimony and Exhibit 4).

8. Application of a gauze or an ABD pad to a wound is not considered a skilled nursing task. (Testimony).

9. The appellant could change the gauze on his wound himself. (Testimony).

10. The appellant was provided with medication administration visits and the pre pouring of his medications. (Testimony; Exhibit 4).

Analysis and Conclusions of Law

The MassHealth agency pays for the following home health services for eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 403.000 and 450.000: *Administrative and Billing Regulations*: (A) nursing; (B) home health aide; and (C) physical, occupational, and speech/language therapy. See 130 CMR 403.412.

The following terms used in 130 CMR 403.000 have the following meanings as given in 130 CMR 403.402:

> Medication Administration Visit – a nursing visit for the sole purpose of administration of medications where the targeted nursing assessment is medication administration and patient response only, and when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or the task including the route of administration of medication requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication, but does not include intravenous administration.
>
> Skilled Nursing Visit – a nursing visit that is necessary to provide targeted skilled nursing assessment for a specific member medical need, and/or discrete procedures and/or treatments, typically for less than two consecutive hours, and limited to the time required to perform those duties.

Pursuant to 130 CMR 450.204 (A), 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 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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth 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.

Pursuant to 130 CMR 403.410, prior authorization must be obtained in the following manner:

(A) General Terms.

(1) Prior authorization must be obtained from the MassHealth agency or its designee as a prerequisite to receipt of home health home health services as described in 130 CMR 403.410(C) and 403.410(F), below. For all other home health services prior authorization must be obtained from the MassHealth agency or its designee as a prerequisite to payment after certain limits are reached, as described in 130 CMR 403.410. Without such prior authorization, the MassHealth agency will not pay providers for these services.

(2) 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.

(3) Approvals for prior authorization specify the number of hours, visits, or units for each service that are medically necessary and payable each calendar week and the duration of the prior authorization period. The authorization is issued in the member's name and specifies frequency and duration of care for each service approved per calendar week.

(4) The home health agency must submit all prior authorization requests in accordance with the MassHealth agency's administrative and billing regulations and instructions and must submit each such request to the appropriate addresses listed in Appendix A of the Home Health Agency Manual.

(5) In conducting prior authorization review, the MassHealth agency or its designee may refer the member for an independent clinical assessment to inform the determination of medical necessity for home health services.

(6) If authorized services need to be adjusted because the member's medical needs have changed, the home health agency must submit an adjustment request to the MassHealth agency or its designee.

(7) MassHealth only pays for services up to the amount authorized in the PA.

(B) Skilled Nursing and Medication Administration Visits for MassHealth Members Not Enrolled in a Capitated Program.

(1) The home health agency must obtain prior authorization for the provision of skilled nursing and medication administration visits beyond the amounts set forth in 130 CMR 403.410(B)(5). *See* 130 CMR 403.410(C) for prior authorization

requirements relative to home health aide services. *See* 130 CMR 403.410(D) for prior authorization requirements relative to home health therapy services.

(2) To obtain prior authorization for skilled nursing and/or medication administration visits, the home health agency must submit to the MassHealth agency or its designee written physician or ordering non-physician practitioner orders that identifies the member's admitting diagnosis, frequency, and, as applicable, duration of nursing services, and a description of the intended nursing intervention.

(3) The home health agency must complete a prior authorization request through the Provider Portal or by using the Request and Justification for Nursing and Home Health Aide Services Form, if paper submission is necessary, in accordance with 130 CMR 403.410(B)(1) and 403.415, as applicable. This must be submitted to the MassHealth agency or its designee for all prior authorization requests for skilled nursing, medication administration, and home health aide services, as applicable.

(4) Prior authorization for any and all home health skilled nursing and medication administration visits is required whenever the services provided exceed more than 30 intermittent skilled nursing and/or medication administration visits in a calendar year.

(5) Any verbal request for changes in service authorization must be followed up in writing to the MassHealth agency or its designee within two weeks of the date of the verbal request.

In addition to general medical necessity requirements, MassHealth home health regulations limit coverage of home health skilled nursing services unless the following conditions and clinical criteria are met:

(A) Conditions of Payment. Nursing services are payable only if all of the following conditions are met:

(1) there is a clearly identifiable, specific medical need for nursing services;

(2) the services are ordered by the member's physician or ordering non-physician practitioner and are included in the plan of care;

(3) the services require the skills of a registered nurse or of a licensed practical nurse under the supervision of a registered nurse, in accordance with 130 CMR 403.415(B);

(4) the services are medically necessary to treat an illness or injury in accordance with 130 CMR 403.409(C); and

(5) prior authorization is obtained where required in compliance with 130 CMR 403.410.

(B) Clinical Criteria.

(1) A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, to be safe and

effective, considering the inherent complexity of the service, the condition of the member, and accepted standards of medical and nursing practice.

(2) Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered nurse or licensed practical nurse can safely and effectively provide the service.

(3) When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct supervision of a registered or licensed practical nurse, the service is not considered a nursing service, unless there is no one trained, able, and willing to provide it.

(4) Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety, or avoiding deterioration.

(5) Medical necessity of services is based on the condition of the member at the time the services were ordered, what was, at that time, expected to be appropriate treatment throughout the certification period, and the ongoing condition of the member throughout the course of home care.

(6) A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

(7) Medication Administration Visit. A nursing visit for the sole purpose of administering medication and where the targeted nursing assessment is medication administration and patient response only may be considered medically necessary when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member’s condition, and/or the task of the administration of medication, including the route of administration, requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication.

See 130 CMR 403.415.

However, MassHealth will pay a separate rate for nursing visits conducted for the purpose of medication administration, as defined in 403.402. Medication Administration Visits must include teaching on medication management to maximize independence, as applicable, documentation as specified in 130 CMR 403.419(C)(3)(b)9., and assessment of the member response to medication. See 130 CMR 403.423(G).

In this case, as reflected in the record and corroborated by the testimony, the doctor's orders were to apply dry sterile dressing or an ABD pad to the wound. See Exhibit 6, p. 63. Both the appellant and the MassHealth representative testified that this task can be performed by the appellant. Both the submitted record and the appellant's testimony supported the fact that no skilled nursing tasks were performed during the AM or PM visits. See Exhibit 6, pp. 24, 27. Conversely, the appellant was assisted with medication administration and the pre pouring of his medications.

As such, I find that that MassHealth's determination that the type of services requested were not medically necessary was supported by the evidence and regulations as stated supra. Accordingly, MassHealth's modification of 1 SNV per week with 3 PRN and approval of 13 MAVs per week from May 5, 2025 to July 3, 2025 is hereby upheld.

For the foregoing reasons, this 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

cc: [redacted]

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