

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

[Redacted]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509495
<b>Decision Date:</b>	9/17/2025	<b>Hearing Date:</b>	August 05, 2025
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

[Redacted]

**MassHealth Representative:**

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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization; 130 CMR 450.204
<b>Decision Date:</b>	9/17/2025	<b>Hearing Date:</b>	August 05, 2025
<b>MassHealth Rep.:</b>	S. Pedone, PT	<b>Appellant Rep.:</b>	Mother
<b>Hearing Location:</b>	Worcester MEC - In Person		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The Appellant received a notice dated May 29, 2025 denying his prior authorization (PA) request for a power assist for his wheelchair. (130 CMR 450.204(A)) (Exhibit 1). The Appellant filed this appeal timely on June 24, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the Appellant's PA request for a power assist Smart Drive for his manual wheelchair.

## Issue

Does the Appellant meet the medical necessity requirements for approval of a Smart Drive power assist for his manual wheelchair?

## Summary of Evidence

The MassHealth consultant, a licensed physical therapist, testified via video that MassHealth received a request submitted by [REDACTED] on behalf of the Appellant for a Smart Drive MX2 system for use with his previously approved (2022) ultralight weight manual wheelchair. The request was received on May 28, 2025 and denied on May 29, 2025 on the basis that the Appellant was provided with a Group 2 power wheelchair in 2023. MassHealth stated the Appellant is a [REDACTED] male with diagnoses of [REDACTED] and intellectual disability. He is non-ambulatory and relies on a wheelchair for mobility in the community.

MassHealth testified that the Permobil Smart Drive Mx2 is 13.2 lb., removable device that attaches to the rear of a manual wheelchair frame to allow for powered assistance when pushing the rims of the wheelchair. MassHealth approved the Appellant's ultralight manual wheelchair in 2022, without a Smart Drive system, and a Group 2 power wheelchair in 2023. MassHealth stated the power wheelchair approval was based on a January 03, 2023 letter of medical necessity PT from [REDACTED]. In the letter of medical necessity, the PT states the Appellant is "not able to function independently in the community in his mw [manual wheelchair] with or without his power assist." Based on this clinical assessment, the Appellant was approved for a power wheelchair for independent use in the community, as his manual wheelchair either with or without power assist would no longer allow him to be independent. The manual wheelchair is now considered his back-up wheelchair in the event the power wheelchair requires repairs. (130 CMR 409.413 (D)).

MassHealth argued that per regulation 130 CMR 450.204(B), MassHealth does not approve equipment when the planned use does not meet the standard of care. The standard of care for a person that is unable to propel a manual wheelchair is a power wheelchair. The standard of care has been met in this case and medically necessary equipment has been provided to the appellant to meet his medical requirements at home and in the community. MassHealth submitted into evidence Appellant's clinical review file (Exhibit 4, pgs.1-33), letter of Medical Necessity (Exhibit 5, pgs. 1-8).

The Appellant and his representative appeared in person and testified that although the appellant is an intellectually and physically disabled, the family has worked very hard to create activities for Appellant to participate in - whether it be in the community or through employment. The Appellant is unable to drive and his only means of transportation to work and many of his activities is by automobile. While he receives funding and support from the Commonwealth through the Department of Developmental Disabilities, he must rely of a number of staff or family members to provide his transportation. None of the individuals who transport the Appellant have a vehicle which accommodates a power wheelchair. The Appellant's manual wheelchair can fold and fit in most cars and the Smart Drive (which was not paid for MassHealth) easily attaches to his manual chair and allows the Appellant mobility. The representative maintained that for 10 years the Appellant has had the Smart Drive and it was "a game changer" from the moment he first got it. Life is impossible without the Smart Drive and in the few months the Appellant has

been without, he has been severely restricted in his ability to work and live a semi-independent life.

The Appellant weighs [REDACTED] pounds and cannot manually move himself on a hot day, or traveling on rugs, or going up very steep ramps (such as at [REDACTED] which is one of his employers). Over time, the Appellant has experiencing more and more pain in his shoulders with the use of the manual wheelchair, making the Smart Drive essential. The Appellant has been unable to work since the Smart Drive broke earlier this year and even though it has been repaired a number of times, the Appellant is being told that there is nothing they can do as the battery and several other parts cannot be repaired. Without a replacement Smart Drive, the Appellant will be stuck at home and unable to access the world outside of his neighborhood. The appellant's representative stated she was frustrated that the Appellant is covered by either MassHealth or [REDACTED] and it is disgraceful that neither would approve this request to avoid the Appellant being limited in his ability to work and participate in society. The appellant submitted into evidence appeal letter, guardianship documents, W2 forms, Medicare denial letter dated November 29, 2022, letter from Appellant's employer placing him on absentee status due to his inability to get to work, and a list of the Appellant's support staff. (Exhibit 6).

## Findings of Fact

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

1. The Appellant is a [REDACTED]-year-old male with diagnoses of [REDACTED] and intellectual disability. He is non-ambulatory and relies on a wheelchair for mobility. (Exhibit 4).
2. In 2022, MassHealth approved the Appellant's ultralight manual wheelchair without a Smart Drive system. (Exhibit 4 and testimony).
3. In 2023, MassHealth approved a group 2 power wheelchair for the Appellant after receiving a January 03, 2023 letter of medical necessity written by the Appellant's PT from [REDACTED] which stated the Appellant is "not able to function independently in the community in his [manual wheelchair with or without] his power assist." (Exhibit 4 and testimony).
4. On May 28, 2025, MassHealth received a request submitted by [REDACTED] on behalf of the Appellant for a Smart Drive MX2 system for use with his ultralight weight manual wheelchair. (Exhibit 4 and testimony).
5. The Permobil Smart Drive Mx2 is 13.2 lb., removable device that attaches to the rear of a manual wheelchair frame to allow for powered assistance when pushing the rims of the wheelchair. (Exhibit 4 and testimony).

6. The Appellant is unable to drive a car and the only means of transportation to work and many of his activities is by automobile driven by his support staff. (Testimony).
7. None of the individuals who transport the Appellant has a vehicle that can accommodate a power wheelchair. (Testimony).
8. The Appellant folds his manual wheelchair to fit in the car and uses the Smart Drive to move around the community and get back and forth from work. (Testimony).

## **Analysis and Conclusions of Law**

The Appellant requested a Permobil Smart Drive Mx2 removable device that attaches to the rear of his manual wheelchair frame to allow for powered assistance when pushing the rims of his wheelchair. The Appellant requested the power assist as he is unable to transport his MassHealth-approved power wheelchair on trips in the community, whether to work or to other activities. The power assist for his manual wheelchair will allow the appellant and his caregivers to use his manual wheelchair when transportation for his power wheelchair is unavailable.

130 CMR 409.402 defines durable medical equipment (DME) as medically necessary only when it is for the full-time use of the member, not to accommodate the needs or limitations of caregivers.

MassHealth regulations at 130 CMR 450.204(A) also require that all requested service or items must meet the two prongs definition of medical necessity:

1. It must be reasonably calculated to prevent, diagnose, alleviate, or cure a condition that endangers life, causes pain or suffering, or results in physical deformity or malfunction; and
2. There must be no other comparable service or equipment available that is more conservative or less costly to the MassHealth agency.

MassHealth has approved a Group 2 power wheelchair for the Appellant based on clinical documentation stating that he cannot function independently in the community using a manual wheelchair. This approval of a power wheelchair was considered the appropriate and medically necessary mobility device to meet the Appellant's functional needs. MassHealth has also approved a manual wheelchair as a backup in the event the power wheelchair is inoperable.<sup>1</sup>

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<sup>1</sup>130 CMR 409.413 Covered Service (D) The MassHealth agency pays for a manual wheelchair, including any necessary repairs, as a backup to a power mobility system if the member is not residing in a nursing facility, or the member is residing in a nursing facility and has a written discharge plan, and one of the following conditions applies: (1) the level of customization of the member's primary power mobility system would preclude the use of substitute rental equipment if the primary power mobility system were removed for repair; (2) the member requires frequent

The Appellant’s representative raised significant concerns about the practical limitations of the power wheelchair due to transportation barriers, including the inability of the Appellant’s support staff to transport the power wheelchair, which impacts his ability to work and participate in other community activities. However, the applicable regulations prohibits approval of services that are duplicative or more costly when a medically appropriate alternative has already been provided. Furthermore, MassHealth regulations do not authorize coverage of durable medical equipment for the convenience of caregivers or due to logistical barriers such as ability to obtain transportation. (130 CMR 409.402).

MassHealth is bound by existing law and regulation. Equity-based arguments, such as transportation limitations or systemic gaps in support services, cannot substitute for the regulatory definition of medical necessity under 130 CMR 450.204.

Because the Appellant has already been provided with a power wheelchair that meets the standard of care, and because the Smart Drive request is for a device functionally duplicative of the power wheelchair, the request does not meet the medical necessity requirements of 130 CMR 450.204(A)(2), and this appeal must be 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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Prior Authorization



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outings to a destination that is not accessible to a power mobility system (for example, stairs without an elevator); or (3) it is not possible to fit the primary mobility system in any of the vehicles available to the member for transportation.