Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2509547
Decision Date:	9/19/2025	**Hearing Date:**	07/28/2025
Hearing Officer:	Alexandra Shube	**Record Open to:**	07/31/2025

Appearance for Appellant:
Via telephone:
[redacted]

Appearance for MassHealth MCO:
Health New England via telephone:
Orland Leon, Complaints & Appeals Coord.
Kate McIntosh, UM Team
Deana Helin, UM Team
Chelaine Boucher, Complaints & Appeals Coord.
Sarah Fallon, UM Team
Meghan Cipolla, MH Contract Mgr. (Observing)

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:**	MCO – Denial of Internal Appeal; Prior Authorization
Decision Date:	9/19/2025	**Hearing Date:**	07/28/2025
MCO's Reps.:	Orlando Leon, et al.	**Appellant's Rep.:**	[redacted]
Hearing Location:	Springfield MassHealth Enrollment Center, 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 June 11, 2025, Health New England (HNE), a Managed Care Organization (MCO) contracted with MassHealth, denied the appellant's internal appeal of a prior authorization request for ketamine infusions (Exhibit 1). The appellant filed this appeal in a timely manner on June 25, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record was briefly held open until July 31, 2025 for the appellant to review and respond to HNE's submission.

Action Taken by MCO

Pursuant to a Level 1 internal appeal, HNE affirmed its decision to deny the appellant's prior authorization request for ketamine infusions.

Issue

The appeal issue is whether HNE correctly denied the appellant's request for ketamine infusions on grounds that (1) the treating provider was out-of-network and (2) the documentation failed to establish medical necessity for the proposed treatment.

Summary of Evidence

The appellant, her representative, and representatives from HNE all appeared at hearing via telephone. HNE offered the following information through testimony and documentary evidence: the appellant is a [redacted]-year-old female with a history of fibromyalgia, PTSD, anxiety, depression, and chronic joint pain. Exhibit 6 at 10. On January 9, 2025, HNE received a prior authorization request for twelve visits with Dr. [redacted] for ketamine infusions, which it denied on January 27, 2025.[1] Exhibit 5 at 2. In May 2025, HNE received an internal appeal which it sent to a pain medicine specialist for external review. Exhibit 6 at 10. HNE determined that it is "not medically necessary for member to go out of network for continued ketamine infusions. Per the medical literature, ketamine infusions are not considered medically necessary or standard of care in this clinical scenario involving a [redacted]-year-old female with a history of fibromyalgia, PTSD, anxiety, depression, and chronic joint pain." *Id*.

In addition to being out of network, the primary issue is that ketamine infusions are an unsupported treatment for chronic pain. *Id*. HNE testified that systematic reviews of ketamine infusions have found only low to moderate evidence for any use of ketamine for regional pain and it is not considered to be the standard of care. HNE does not refer people out of network to obtain treatment that is not considered to be the standard of care; therefore, the appellant was referred back into network for treatment of chronic pain that is considered standard of care. According to the external reviewer:

> While ketamine has shown some investigational benefit in small, uncontrolled trials for treatment-resistant depression and chronic pain syndromes such as fibromyalgia, the current body of evidence is insufficient to support its routine clinical use. Society guidelines do not endorse ketamine infusions as standard treatment for fibromyalgia or chronic musculoskeletal pain due to the lack of large-scale, randomized controlled trials demonstrating consistent efficacy and long-term safety. Additionally, ketamine's dissociative and psychoactive effects, along with the potential for misuse,

[1] The January 27, 2025 notice stated that HNE was unable to determine medical necessity for the requested services as it did not receive the necessary clinical information. It went on to state that the information received did not explain why she needed the services out-of-network and that HNE asked her provider for this information. The notice stated that if HNE did not receive the information by February 6, 2025, the request may be denied. The notice came with appeal rights. Exhibit 5 at 2.

necessitate careful monitoring protocols that are not standardized in most outpatient settings.

Id. at 10-11

Additionally, HNE felt that while the appellant has failed multiple pharmacologic therapies, there was no documentation that she has undergone a comprehensive interdisciplinary approach as recommended by current fibromyalgia management guidelines. *Id*. at 11. Evidence-based treatment for fibromyalgia includes a combination of physical activity, cognitive behavioral therapy, psychological counseling, and medications such as SNRIs, SSRIs, and anticonvulsants. *Id*. Ketamine infusions remain investigational and are not FDA-approved for fibromyalgia or most chronic pain conditions. *Id*. Therefore, based on current clinical guidelines and lack of robust supporting evidence, HNE concluded that the use of ketamine infusions in the appellant's case does not meet the criteria for medical necessity or standard of care. *Id*. at 11 and 15.

The appellant offered the following information through testimony and documentary evidence, provided both before hearing and after, during a brief record open period: in addition to fibromyalgia, she has hypermobile joint syndrome or joint hypermobility spectrum disorder. Exhibit 7 at 1. She also has arthritis and a suggested undiagnosed seronegative spondyloarthropathy. *Id*. She has been dealing with chronic, crippling pain for the past ten years. She has tried everything including medications, physical therapy, and Botox injections. Physical therapy and medications have not worked for her. She is unable to work, do most chores, go out, and even get out of bed. She has been receiving ketamine infusions monthly for the past three years, beginning in January 2021 until February 2024, and it has been covered by her insurance. Exhibit 5 at 11. It is the only treatment that has worked for her so far. This treatment has given her quality of life back and she was ready to get back to work until this denial came. She understands that it is off label and not the standard of care, but she has tried everything else and this is the only option that has worked for her. The ketamine infusions improve her pain by 50-60% and improves up to 75-80% when combined with the standard of care treatment options on top of that. Exhibit 7 at 2. She has tried and failed the standard of care (including a combination of physical activity, cognitive behavioral therapy, psychological counseling, and medications such as SNRIs, SSRIs, and anticonvulsants) referred to by HNE. *Id*. Since 2012, she has been through the full six weeks of physical therapy multiple times. *Id*. She has also been in psychological counseling and cognitive behavioral therapy consistently since around 2010. *Id*. She has tried all the medications listed by HNE as standard of care. *Id*. There are no in-network providers offering ketamine infusions. Exhibit 5 at 11.

HNE testified that it has not approved the ketamine infusions in the past. Based on available records, there were several denials for this treatment, including one in June 2024 where she was redirected to in-network care. She was on HNE's Be Healthy Plan from August 1, 2015 to January 31, 2016 and then not again until April 1, 2023 to current. HNE has standard requirements from the Commonwealth of Massachusetts that require transition for existing care for a three-month period. There is a standard continuity of care process and that is likely what allowed the appellant

to continue the remainder of her prior authorization when she transitioned back to the HNE Be Healthy Plan in April 2023. The requested prior authorization currently under appeal is for an off-label use of ketamine, which is a complicated medication. HNE requires providers to provide evidence-based care and generally, does not sanction care that is considered off-label.

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 who is enrolled in HNE's Be Healthy Plan.

2. The appellant has a history of fibromyalgia, PTSD, anxiety, depression, and chronic joint pain.

3. On January 27, 2025, HNE denied the appellant's prior authorization request for twelve visits with Dr. [redacted] for ketamine infusions because it did not have sufficient information to establish medical necessity.

4. Dr. [redacted] is an out-of-network provider.

5. In May 2025, HNE received an internal appeal which it sent to a pain medicine specialist for an impartial, external review

6. On June 11, 2025, HNE denied the appellant's internal appeal of a request for ketamine infusions because it is not medically necessary for the appellant to go out of network for continued ketamine infusions.

7. Per the medical literature, ketamine infusions are not considered medically necessary or standard of care.

8. Ketamine infusions remain investigational and are not FDA-approved for fibromyalgia or most chronic pain conditions.

9. The appellant has been dealing with crippling chronic pain for ten years. She has tried all other available treatment options and nothing has provided relief like the ketamine infusions.

10. There are no in-network providers offering ketamine infusions.

Analysis and Conclusions of Law

This appeal addresses whether HNE appropriately denied the appellant's request for prior authorization to go out of network for ketamine infusions, pursuant to its internal appeal denial dated June 11, 2025.

MassHealth members younger than 65-years-old must enroll in a Managed Care Organization available for their coverage type, unless they are excluded from such participation. 130 CMR 508.001(A); 130 CMR 508.002(A). The MCO is responsible for delivering "the member's primary care, determine if the member needs medical or other specialty care from other providers, and determine referral requirements for such necessary medical services." 130 CMR 508.004(B)(1); see also 130 CMR 450.105; 130 CMR 508.001(A). "All medical services to members enrolled in an MCO … are subject to the authorization and referral requirements of the MCO." 130 CMR 508.004(B)(2); see also 130 CMR 450.105(A)(3).

Whenever an MCO makes a coverage decision, it must provide notice to the affected member. 130 CMR 508.011. An MCO has 30 days to resolve any internal appeals, and the member then has 120 days to request a fair hearing from the Board of Hearings. See 130 CMR 508.012; 130 CMR 610.015(B)(7).

The appellant exhausted the internal appeal process offered through her MCO, and thus is entitled to a fair hearing pursuant to the above regulations. As MassHealth's agent, HNE is required to follow MassHealth rules and regulations pertaining to a member's care.

Here, the appellant's provider, Dr. [redacted] (a pain medicine specialist), submitted a request for twelve office visits for ketamine infusions. This request was initially received on January 9, 2025 and denied on January 27, 2025 because HNE was unable to determine medical necessity for the requested, out-of-network service as it did not receive the necessary clinical information. Upon its internal appeal, HNE determined that it is not medically necessary for the appellant to go out of network for ketamine infusions because:

> ketamine infusions are not considered medically necessary or standard of care in this clinical scenario involving a [redacted]-year-old female with a history of fibromyalgia, PTSD, anxiety, depression, and chronic joint pain. While ketamine has shown some investigational benefit in small, uncontrolled trials for treatment-resistant depression and chronic pain syndromes such as fibromyalgia, the current body of evidence is insufficient to support its routine clinical use. Society guidelines do not endorse ketamine infusions as standard treatment for fibromyalgia or chronic musculoskeletal pain due to the lack of large-scale, randomized controlled trials demonstrating consistent efficacy and long-term safety. Additionally, ketamine's dissociative and psychoactive effects, along with the potential for misuse,

necessitate careful monitoring protocols that are not standardized in most outpatient settings.

Payment for services is "subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment." See 130 CMR 450.105. Because the prior authorization failed to satisfy the necessary prerequisites of payment and conditions of coverage, HNE did not err in denying the appellant's prior authorization request. HNE appropriately cited two grounds to deny the requested treatment, namely that: (1) the provider was not an in-network provider, and (2) the documentation submitted did not demonstrate medical necessity for the proposed treatment.

First, there was no dispute at hearing that the provider who submitted the appellant's prior authorization request is not an active in-network HNE provider. According to the HNE Member Handbook, out-of-network specialty care requires prior authorization. See Member Handbook p. 20, marked as Exhibit 8. According to MassHealth regulations, "prior authorization determines only the medical necessity of the authorization service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health-insurance payment." See 130 CMR 450.303.

The regulatory definition of "Medical Necessity" is:

> (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.

130 CMR 450.204(A).

Additionally, the regulations state that 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. (130 CMR 450.204(B)).

130 CMR 406.413 outlines limitations on coverage of drugs. Specifically, 130 CMR 406.413(C)(3) states that the "MassHealth agency does not pay for any drug prescribed for other than the FDA-approved indications as listed in the package insert, except as the MassHealth agency determines to be consistent with current medical evidence."

HNE's "Medical Necessity and Experimental and Investigational – Medical Policy" incorporates MassHealth's regulations and states the following:

> A. Health New England defines certain services which are reasonably calculated by a provider to prevent, diagnose, evaluate, and treat conditions (illness, injury, disease) as Medically Necessary or as a Medical Necessity. The service must meet **ALL** of the following in order to be Medically Necessary.
>
> - Service is clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; AND
> - **Service is based on the following:**
>   - **Credible scientific evidence published in peer reviewed medical literature recognized by the relevant medical community**
>   - **Specialty Society recommendations**
>   - **Views of physician experts practicing in relevant clinical area**; AND
> - Service is not more costly than an alternative service or sequence of services, which is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; AND
> - Service is not primarily for the convenience of the patient, physician, or other health care provider; AND
> - Service is substantiated by submitted clinical records.

Exhibit 6 at 15-16 (emphasis added).

Although HNE has carved out exceptions to its restriction on use of out-of-network providers, these are limited to "special circumstances," such as when an in-network provider is unavailable or when an in-network provider does not have the qualifications or expertise matching with the health care needs of a member. Exhibit 8 at 20.

While evidence presented shows that there are no in-network providers, the appellant failed to demonstrate medical necessity. In particular, ketamine infusions are not FDA-approved for treatment of fibromyalgia or most chronic pain conditions. Ketamine infusions are not the standard of care and are considered investigational in this situation due to the lack of credible scientific evidence.

The appellant's testimony is credible and I do not doubt the severity of her symptoms or the significant impact they have on all aspects of her life. It is understandably overwhelming and

challenging to live with and manage her chronic pain and medical conditions, especially at such a young age; however, the appellant and her evidence have not reached the burden of establishing medical necessity, especially given that ketamine infusions are not the standard of care for her conditions and are considered experimental and investigational for treatment of fibromyalgia and chronic pain.

Because the prior authorization request did not satisfy all conditions and prerequisites of payment, including meeting medical necessity criteria for the requested treatment, HNE did not err in denying the appellant's request for out-of-network ketamine infusions.

Based on the foregoing, this appeal is DENIED.

Order for MCO

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: [redacted]

MassHealth Representative: Health New England, Orlando Leon, Complaints & Appeals, One Monarch Place, #1500, Springfield, MA 01144-1500