

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|-----------------|
| Appeal Decision: | Denied | Appeal Number: | 2509814 |
| Decision Date: | 9/17/2025 | Hearing Date: | August 05, 2025 |
| Hearing Officer: | Brook Padgett | | |

Appellant Representative:



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

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| Appeal Decision: | Denied | Issue: | Prior Authorization 130 CMR 450.204 |
| Decision Date: | 9/17/2025 | Hearing Date: | August 05, 2025 |
| MassHealth Rep.: | S. Pedone, PT | Appellant Rep.: | Mother |
| Hearing Location: | Worcester MEC (Video) | | |

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 June 06, 2025 denying her prior authorization (PA) request for a power wheelchair. (130 CMR 450.204(A)) (Exhibit 1). The Appellant filed this appeal timely on July 01, 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 wheelchair.

Issue

Does the Appellant's request meet the MassHealth medical necessity regulations for approval of a power wheelchair?

Summary of Evidence

The MassHealth consultant, a licensed physical therapist, testified via video that MassHealth received a third request submitted by the appellant's provider on June 04, 2025, for a Q6 Edge 22x22 Group 3 power wheelchair with power tilt and multiple accessories. On June 06, 2025 the request was denied. MassHealth stated that the Appellant is [REDACTED] years old with a diagnosis of cerebral palsy with behavioral issues. The Appellant is dependent for all functional mobility, activities of daily living (ADLs), and utilizes her current manual wheelchair for all mobility in the home and community. MassHealth approved the Appellant for a Quickie ultra-light weight manual wheelchair in 2020. The Appellant also uses a Hoyer lift, a tilt in space shower chair (approved in June 2025), and is authorized for Day Hab services during the week. MassHealth denied the Appellant's request for a Group 3 Power Wheelchair as documentation submitted did not establish medical necessity for the requested equipment. 130 CMR 409.414 (B) 130 CMR 450.204. Physical therapy notes dated March 18, 2025 state that the Appellant is unable to drive a power wheelchair due to her cognitive deficits. The standard of care and medical necessity criteria for a power wheelchair include that the member can drive the power wheelchair safely and effectively at home and/or in the community. MassHealth maintains the less costly alternative durable medical equipment that meets the standard of care is a customized manual tilt in space wheelchair with accessories. MassHealth submitted into evidence the appellant's clinical file (Exhibit 4, pgs.1-27), and approval of tilt in space shower chair dated 2025 (Exhibit 5, pg.3).

The Appellant and her representative appeared via video and testified the appellant is currently [REDACTED] and her manual wheelchair is 77 pounds which totals nearly [REDACTED] pounds of weight to be maneuvering through her day-to-day activities. The representative argued that there are many times that either she or the appellant's PCA require assistance to help the Appellant into her van or up a ramp. The representative maintains that without a power wheelchair the Appellant is going to be limited to her home and will be unable to fully experience activities in her community. The Appellant's representative argued she is having significant difficulty pushing the Appellant in her current manual wheelchair. Their driveway is a steep hill and it is extremely difficult to get her to/from the van. The Appellant's mother is [REDACTED] and [REDACTED] pounds and has significant back pain and spasms which limits her ability to push her in her current manual wheelchair.

MassHealth responded that it will not provide durable medical equipment for caregiver ease. This is supported by MassHealth regulation 130 CMR 409.402, Customized Equipment, 130 CMR 409.403(A) Eligible Members, and 130 CMR 409.402: Definitions Durable Medical Equipment.

Findings of Fact

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

1. The Appellant is ■ years old and has a diagnosis of cerebral palsy with behavioral issues. (Exhibit 4 and testimony).
2. The Appellant is fully dependent for functional mobility and ADLs and currently uses a manual wheelchair for mobility in both the home and community. (Exhibit 4 and testimony).
3. MassHealth approved the Appellant for a Quickie ultra-lightweight manual wheelchair in 2020. (Exhibit 4 and testimony).
4. On June 04, 2025, the Appellant's provider submitted a PA request for a Group 3 power wheelchair with power tilt and accessories. (Exhibit 4 and testimony).
5. The Appellant's caregivers have difficulty maneuvering the Appellant in her manual wheelchair due to the Appellant's weight and environmental barriers (e.g., steep driveway). (Testimony).
6. On June 06, 2025, MassHealth denied the request on the basis that the submitted documentation failed to establish the medical necessity for the requested medical equipment. (Exhibit 4 and testimony).
7. Physical therapy documentation dated March 18, 2025, indicating the Appellant lacks the cognitive ability to operate a power wheelchair safely or effectively. (Exhibit 4 and testimony).

Analysis and Conclusions of Law

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 defines "medically necessary" services at 130 CMR 450.204, which requires that a requested service must (A)(1) Be reasonably calculated to prevent or address conditions that cause suffering, physical malfunction, or threaten to aggravate a handicap; and (2) Have no other available, comparable service that is more conservative or less costly; and (B) Meet professionally recognized standards of health care, substantiated by clinical documentation.

The record contains credible clinical evidence (March 2025 physical therapy notes) that the Appellant lacks the cognitive capacity to safely and effectively operate a power wheelchair. As

the ability to independently operate such equipment is a standard of care requirement, this request fails under the first prong of medical necessity. (130 CMR 450.204(A)(1)).

Further, a customized manual wheelchair with tilt-in-space features and appropriate dimensions has already been approved and provided by MassHealth. This equipment is a more conservative and less costly alternative than a power wheelchair and meets the Appellant's documented medical needs. Therefore, the request also fails under the second prong. (130 CMR 450.204(A)(2)).

The testimony of the Appellant's representative focused largely on the caregiver's burden, unfortunately per 130 CMR 409.402, DME must serve the medical needs of the member, and does not consider the convenience or limitation of her caregivers. MassHealth regulations explicitly preclude authorization of equipment solely for caregiver ease.¹

The denial of the power wheelchair request is supported by both the factual record and the applicable regulatory framework. The Appellant has not met the burden of proof to establish that the requested equipment qualifies as medically necessary and this appeal must therefore 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Prior Authorization

¹ 130 CMR 409.402, Customized Equipment – durable medical equipment is equipment that (1) Is uniquely constructed, adapted, or modified solely for the full-time use of the member for whom the item is purchased. (2) Is made to order or adapted to meet the specific needs of the member; and (3) Is uniquely constructed, adapted, or modified to permanently preclude the use of such equipment by another individual.