

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510199
Decision Date:	12/1/2025	Hearing Date:	08/25/2025 10/06/2025
Hearing Officer:	Thomas Doyle	Record Open to:	09/08/2025

Appearance for Appellant:
Pro se

Appearance for Fallon:
Dr. Carl Cameron, VP & Senior Medical Director (Both hearing dates)
Kay George, RN (First day of hearing)
Christy Foulkes, Appeals Department (Second day of hearing)



*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:	Managed Care Organization – Denial of Internal Appeal
Decision Date:	12/1/2025	Hearing Dates:	08/25/2025 10/06/2025
Fallon Rep.:	Dr. Carl Cameron	Appellant’s Rep.:	Pro se
Hearing Location:	Remote (phone)	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 3, 2025, Fallon Health-Atrius Health Care Collaborative (Fallon), a MassHealth Accountable Care Organization (ACO) and MassHealth’s agent, denied appellant’s internal appeal of a denial of authorization for excision, excess skin and subcutaneous tissue from abdominal area and excision, excessive skin from the hip area. (Ex. 4). Appellant filed this external appeal with the Board of Hearings (BOH) in a timely manner on July 10, 2025. (Ex. 2). Denial of an internal appeal by an Accountable Care Organization is a valid ground for appeal to the Board of Hearings. (130 CMR 610.032(B)).

Action Taken by Fallon

Fallon denied appellant’s level one internal appeal of a denial of authorization for excision, excess skin and subcutaneous tissue from abdominal area and excision, excessive skin from the hip area. (Ex. 4).

Issue

Did Fallon correctly deny appellant's level one internal appeal of a denial of authorization for excision, excess skin and subcutaneous tissue from abdominal area and excision, excessive skin from the hip area. (Ex. 4).

Summary of Evidence

Appellant is a MassHealth member in her [REDACTED] who received a denial of authorization for excision, excess skin and subcutaneous tissue from abdominal area and excision, excessive skin from the hip area. (Testimony; Ex. 5, p. 5-6). Appellant then filed an internal appeal with Fallon. After further review, Fallon denied appellant's internal appeal. (Ex. 5, p. 51-53). Appellant then filed an appeal of Fallon's internal denial to the Board of Hearings. (Ex. 2). Appellant suffers from obesity, ADHD and prediabetes. (Testimony). Fallon was represented by a doctor, a nurse (nurse) and a member of Fallon's appeal department. Appellant represented herself.

The evidence indicates in denying appellant's internal appeal, Fallon stated it reviewed appellant's request with Fallon Health's Associate Medical Director, a DO, board certified in Family Medicine, in consultation with a practicing physician, board certified in plastic surgery. (Ex. 5, p. 51-53). Based upon this review, Fallon determined that they would not cover the requested services. Fallon based this decision on the MassHealth Guidelines for Medical Necessity Determination for Excision of Excessive Skin and Subcutaneous Tissue, Section II, Clinical Guidelines Criteria not being met. (Ex. 5, p. 87-92). Fallon denied the request for excision around the abdominal area after reviewing the submitted records, finding a lack of documentation that excessive skin and subcutaneous tissue in the area being excised significantly interferes with the performance of normal activities of daily living (ADLs), or is causing recurrent rashes or irritation in the skin folds that is refractory¹ to medical management, or is causing skin to soft tissue infections which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective. In addition, Fallon denied the request for excision of excess skin and subcutaneous tissue in the hip area. Fallon argued that the American Society of Plastic Surgeons describes an abdominoplasty as a cosmetic procedure that involves removal of excess skin and fat from the pubis to the umbilicus or above and may include fascial plication of rectus muscle diastasis and neoumbilicoplasty. However, appellant's documentation supports a plan which includes excision of excess tissue from appellant's hips. Fallon found this procedure cosmetic and not medically necessary and Fallon therefore upheld the denial of both requests. (Ex. 4; Ex. 5, p. 51-53).

Appellant asked the nurse if Fallon had received all her information that she sent, including "notes" from her dermatologist. The Fallon doctor stated he did not see any notes in Fallon's

¹ Meaning resistant to treatment or cure. (www.merriam-webster.com/dictionary/refractory).

evidence from appellant's dermatologist. He stated that not having notes from appellant's doctor was one reason the request did not meet the criteria and was part of the reason Fallon denied the requested procedures. The doctor stated that one of the requirements is that there are functional problems, such as rashes, that are not able to be effectively treated. The doctor stated in the notes Fallon reviewed, from 2024 and a telehealth visit in 2025, the notes did not address if there was an active rash that was failing treatment underneath the pannus. Appellant stated she sent letters to the Board of Hearings.² She stated she had 5-6 letters that she wanted Fallon to read. The Fallon doctor stated he would gladly review any other information appellant sought to provide.

The record was left open for appellant to provide 5 letters, with various dates, from her doctor. (Ex. 7). The information submitted by appellant in the record open period was marked as Exhibit 8. Included in appellant's submission was a letter from her doctor, dated August 13, 2025, which appellant claims the doctor wrote the surgery is a medical necessity. The doctor writes in her letter "appellant has been seen for rashes within the abdominal and inguinal skin folds. Because appellant has had recent weight loss, skin laxity is causing friction and irritation/rash in these areas. She would be a good candidate for skin removal surgery in order to decrease this from occurring." (Ex. Ex. 8, p. 10). Appellant asked the Fallon doctor if he had read this letter and he responded that the August 13, 2025 letter was not consistent with other previous letters from the same provider. (Testimony). After a review of appellant's documents submitted in the record open period, Fallon continued to deny the requested procedures. (Ex. 9).

The second day of hearing took place on October 6, 2025. (Ex. 11). Appellant appeared pro se and Fallon was represented by the same doctor as the first day of hearing and a representative of Fallon's appeals department. All appeared by telephone. The doctor explained why Fallon continued to deny the requested service to remove excess skin from the abdominal area. He stated the criteria is clear in that one needs to have functional problems, including problems from excessive skin that cannot be adequately medically managed, in order to qualify for the procedure. The doctor stated the notes supplied by appellant and her doctors indicate problems that have occurred since 2024. He stated only a "couple" of the notes mention that a rash is a problem in this area and the information in the notes does not demonstrate that it has been clearly refractory or that the treatment cannot be done in order to address appellant's functional issues. The doctor stated the photographs supplied do not show a significant rash around the belly button and, in the notes supplied by appellant's dermatologist, there is no good description about rashes under the pannus to demonstrate it is refractory. The doctor did state there was a note dated July 29, 2004, (Ex. 8, p. 8), that suggested treatment, but he stated typically refractory to medical management would mean this is something followed along for "a while" and there are also attempts at more conservative measures before surgery. Included in the record are the clinical guidelines that MassHealth uses for determining medical necessity for excessive skin and subcutaneous tissue.

² Appellant seemed to interchange "notes" with "letters." She testified she had 6 letters, but a review of the submitted evidence shows some of the proffered evidence by appellant are doctor's notes and a letter from her dermatologist.

(Ex. 5, p. 88). The doctor discussed these guidelines in his testimony. The first of these criteria states the patient must be at their nadir weight and remain stable for at least one month. Appellant stated she was at her “goal weight.” (Testimony). In response, the doctor stated Fallon did not question appellant’s weight and accepted appellant was at her base weight. (Testimony). The doctor stated Fallon maintained its denial for the removal of excess skin from the hip area due to this being deemed cosmetic. (Testimony; Ex. 5, p. 51-53).

Findings of Fact

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

1. Appellant is a MassHealth member who is enrolled in a Fallon Health ACO. On April 3, 2025, Fallon denied appellant’s prior authorization request for excision, excess skin and subcutaneous tissue from abdominal area and excision, excessive skin from the hip area. (Testimony; Ex. 5, p. 5-6).
2. Appellant filed an internal appeal with Fallon and after further review, Fallon denied appellant’s internal appeal. (Ex. 5, p. 51-53).
3. Appellant filed an appeal of Fallon’s internal denial to the Board of Hearings. (Ex. 2).
4. Appellant is in her [REDACTED] and suffers from obesity, ADHD and prediabetes. (Testimony).
5. Along with its own review, Fallon consulted with an actively practicing physician with Board certification in plastic surgery. (Ex. 5, p. 51-53).
6. Fallon based their review on MassHealth Guidelines for Medical Necessity Determination for Excision of Excessive Skin and Subcutaneous Tissue, Section II, Clinical Guidelines Criteria. (Ex. 5, p. 87-92).
7. There is lack of documentation that excessive skin and subcutaneous tissue in the area being excised significantly interferes with the performance of normal ADLs or is causing recurrent rashes or irritation in the skin folds that is refractory to medical management or is causing skin or soft-tissue infections which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective. (Testimony).
8. Removing excess tissue from the hip is considered cosmetic and not medically necessary. (Testimony; Ex. 5, p. 88).
9. The record was left open for appellant to provide 5 letters, with various dates, from her doctor. (Ex. 7). At the conclusion of the record open period, appellant offered letters and

notes, including a letter from her dermatologist. (Ex. 8, p. 10).

10. After review of appellant's documents submitted in the record open period, Fallon continued to deny the requested procedures. (Ex. 9).
11. Photographs supplied to Fallon do not show a significant rash around the belly button and, in the notes supplied by appellant's dermatologist, there is no good description about rashes under the pannus to demonstrate it is refractory. (Testimony).

Analysis and Conclusions of Law

Pursuant to regulation 130 CMR 508.001, "MassHealth Member Participation in Managed Care:" enrollment is required:

(A) Mandatory Enrollment with a MassHealth Managed Care Provider. MassHealth members who are younger than ■ years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider.

Next, pursuant to MassHealth regulation 130 CMR 508.006 (2), MassHealth requires an authorization process to obtain certain medical services:

(2) Obtaining Services when Enrolled in an Accountable Care Partnership Plan.

(a) Primary Care Services. When the member selects or is assigned to an Accountable Care Partnership Plan, that Accountable Care Partnership Plan will deliver 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.

(b) Other Medical Services. All medical services to members enrolled in an Accountable Care Partnership Plan (except those services not covered under the MassHealth contract with the Accountable Care Partnership Plan, family planning services, and emergency services) are subject to the authorization and referral requirements of the Accountable Care Partnership Plan. MassHealth members enrolled in an Accountable Care Partnership Plan may receive family planning services from any MassHealth family planning provider and do not need an authorization or referral in order to receive such services. Members enrolled with an Accountable Care Partnership Plan should contact their Accountable Care Partnership Plan for information about covered services, authorization

requirements, and referral requirements.

MassHealth regulation 130 CMR 508.010, "Right to a Fair Hearing," states as follows:

Members are entitled to a fair hearing under 130 CMR 610.000: MassHealth: Fair Hearing Rules to appeal:

(A) the MassHealth agency's determination that the MassHealth member is required to enroll with a MassHealth managed care provider under 130 CMR 508.001;

(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process;

(C) the MassHealth agency's disenrollment of a member under 130 CMR 508.003(D)(1), (D)(2)(a), or (D)(2)(b), or discharge of a member from a SCO under 130 CMR 508.008(E); or

(D) the MassHealth agency's determination that the requirements for a member transfer under 130 CMR 508.003(C)(3) have not been met.

(Emphasis added)

Appellant exhausted the internal appeal process offered through the ACO, and thereafter, requested a fair hearing with BOH, to which appellant is entitled pursuant to the above regulations.

As MassHealth's agent, Fallon is required to follow MassHealth laws and regulations pertaining to a member's care. Under the regulations pertaining to MassHealth ACOs, above, the ACO is empowered to authorize, arrange, integrate, and coordinate the provision of all covered services for the Appellant.

Generally speaking, MassHealth is required to cover services and treatments that are "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. (130 CMR 450.204(A))

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

The issue on appeal is Fallon denying coverage of appellant's request for excision of excess skin and subcutaneous tissue from abdominal area and excision of excessive skin from the hip area. Removing excess tissue from the hip is considered cosmetic and not medically necessary. This part of the appeal is denied. After a review of the entire record, I find there is lack of documentation that excessive skin and subcutaneous tissue in the area being excised significantly interferes with the performance of normal activities of daily living, is causing recurrent rashes or irritation in the skin folds that is refractory to medical management, or is causing skin or soft-tissue infections which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective. Appellant relies heavily on a letter written by her doctor. The doctor writes appellant has been seen for rashes within the abdominal folds. She also writes appellant would be a good candidate for skin removal. Missing from this letter is any mention that the treatment of the rashes has been refractory, or resistant to treatment, which is a necessary criteria for approval of the procedure. I also do not equate the statement that appellant is a good candidate for the procedure as being equal to the procedure being medically necessary.

Based upon this record, appellant has not met the burden, by a preponderance of evidence, to show the invalidity of Fallon's administrative determination. Accordingly, 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: Fallon Health, Member Appeals and Grievances, 10 Chestnut Street, Worcester, MA 01608