

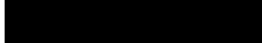
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511136
Decision Date:	10/24/2025	Hearing Date:	09/02/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Sara Pedone, PT, Clinical Reviewer, Optum



*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 Auth.; Durable Medical Equipment
Decision Date:	10/24/2025	Hearing Date:	09/02/2025
MassHealth's Rep.:	Sara Pedone, PT	Appellant's Rep.:	██████
Hearing Location:	Board of Hearings, 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 7/21/25, MassHealth informed Appellant, a minor, that it approved his prior authorization request for a pediatric hospital “cubby” bed but denied his request for the accompanying technology hub on the basis that it was not covered as durable medical equipment (DME) by MassHealth. *See* Exh. 1; 130 CMR §§ 450.204, 409.000 *et. seq.* Appellant, through his parent/guardian, filed a timely appeal on 7/29/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant’s request for a technology hub to be included with his pediatric “cubby” bed on the basis that it was not covered DME under his MassHealth benefit.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 450.204, 409.000 *et. seq.*, in denying Appellant’s request for a technology hub on the basis that it was not a covered MassHealth DME benefit.

Summary of Evidence

MassHealth was represented by a licensed physical therapist and clinical appeals reviewer. Based on documentation and testimony, the MassHealth representative presented the following evidence: Appellant is a [REDACTED] year-old MassHealth member with a diagnosis of autism spectrum disorder. See Exh. 5, p. 14. On 7/17/25, MassHealth received a prior authorization (PA) request on behalf of Appellant, seeking coverage for the following two line items: (1) a pediatric hospital “cubby” bed, consisting of a frame, canopy, safety sheets, and mattress, and (2) a technology or “tech” hub, an additional component of the cubby bed, which includes a monitoring camera, microphone, speaker, environmental sensors, safety alerts, circadian light and soothing audio functions, and related software. *Id.* at 13, 25, 41.

Through a notice dated 7/21/25, MassHealth approved Appellant’s request for the cubby bed as being medically necessary but denied the tech hub because it was not considered durable medical equipment (DME) and not covered by MassHealth. See Exh. 1.

The PA request included a written prescription for the requested DME and letter of medical necessity signed by Appellant’s primary care physician (PCP), Dr. [REDACTED], MD. In the letter of medical necessity, Appellant’s PCP wrote, in relevant part, the following:

[Appellant was diagnosed with autism in 2022]; he has never started speaking and often is inconsolable crying and yelling. He sometimes can point to indicate what he wants but often cannot. He tolerates touch or restraint poorly, becoming agitated and hitting at those trying to assess him or provide care.

....

The enclosed canopy with safety pockets is medically necessary because it will provide sensory regulations, securable tent, and padding to restrain him in a way that will avoid self-harm, reduce risk of elopement and decrease his agitation and promote sleep.

Furthermore, he would benefit from the technology hub with camera and microphone. His mother needs to be alerted should he leave the bed. She has other children and cannot be in the room with him should he leave unnoticed. The technology hub would allow her to communicate with him when he tries to elope or becomes overstimulated, and she can reassure him and deescalate his elopement attempts or his self-harming behaviors. Furthermore, the circadian light and speaker would help him avoid being overstimulated by providing light transitions and soothing sounds and increase his ability to sleep.

[Appellant] has failed several safety interventions including cribs and safety rails by breaking these. Baby monitors do not allow mom to respond quickly enough to his elopement and escalating behaviors.

Id. at 16.

The features of the tech hub include a video camera; alert systems for motion, sound, smoke, and carbon monoxide; two-way audio for communication between the user and caregiver; a circadian light, a meditative breathing program, and a speaker that plays pre-loaded sounds. According to the invoice provided, the adjusted acquisition cost of the tech hub, inclusive of all discounts, is \$1,680. *Id.* at 35. Applying a standard DME markup fee of 35%, the total cost to MassHealth for the tech hub was estimated at \$2,268. This cost would be in addition to the cost of the cubby bed, which MassHealth already approved, at \$6,473.57 inclusive of all discounts and the standard markup fee. *Id.*

The MassHealth representative testified that DME, as defined under MassHealth regulations, is equipment that is primarily used to serve a medical purpose and is generally not useful in the absence of injury, disability, or illness. MassHealth does not pay for non-medical equipment or supplies. Here, MassHealth asserted, the tech hub is excluded from coverage under subsections (K) and (L) of 130 CMR 409.414 because the components that make up the tech hub, i.e., monitoring camera, lights, and soothing audio functions are common household items that are generally used by the public and do not fall within the definition of DME. Moreover, the cubby bed, which MassHealth approved, has safety zippers on the outside of the canopy and is designed to ensure that Appellant cannot elope or injure himself within the bed. Because the bed itself addresses these safety concerns, there is no medical need for the tech hub. Lastly, the MassHealth representative noted that MassHealth's *Guidelines for Medical Necessity Determination for Hospital Beds ("MNG")* does not list the tech hub or related items in the list of HCPCS codes for hospital "beds" or "accessories" identified therein. According to the list of covered hospital bed accessories, MassHealth will pay for, when medically necessary, items such as bed rails, safety enclosures, trapeze/grab bars, mattresses, and bed boards. *Id.* at 35-39.

Appellant's mother appeared at the hearing and testified that Appellant has had numerous medical problems since he was a baby. Despite his age, Appellant is non-verbal, wears diapers, and cannot feed himself independently. Appellant has never been able to sleep more than 3 to 4 hours per night. He becomes easily frustrated and agitated by sensory overload resulting in harmful behaviors, such as hitting himself or others, jumping in his bed/crib, and banging his head "on any surface he can find." Appellant has sleep apnea and sleep studies have shown he sleepwalks. He will not stay in bed and is at risk for elopement. Efforts to keep him in his bed have failed as he has broken 3 cribs. They have not yet received the approved cubby bed, so Appellant is currently using a crib for which he is too big. Appellant's mother testified that she needs to constantly monitor her son throughout the night. She is a single mother and has another child, several years younger than

Appellant, who is also beginning to show signs of autism. Appellant's mother testified that she has been sleep-deprived since she was pregnant with Appellant. Appellant receives applied behavioral analysis (ABA) therapy services and has struggled to make meaningful progress because he is also so sleep deprived. His ABA provider has indicated that if his sleep can improve, Appellant will do better in ABA and his behaviors will improve, including those related to sleep.

Appellant's mother agreed that the cubby bed's enclosed design will keep Appellant from wandering at night; however, without the tech hub, she would have no way to monitor him or see if he is trying to get out. She needs to be able to see if he is safe so that she can respond as soon as possible. She also needs a way to speak with and comfort Appellant when he becomes upset, which the two-way audio function will allow her to do. Appellant's mother explained that a traditional monitor would not work because Appellant would likely break it or bang his head on it, whereas he would be unable to access or damage the tech hub. The light and audio functions will also provide a soothing environment to help him sleep. Appellant testified that the DME provider confirmed that if the tech hub were to be approved after the cubby bed is delivered, it can easily be installed after the fact at her home. Appellant's mother expressed her belief that the tech hub was necessary for the cubby bed to work in a way that would both promote Appellant's sleep and keep him safe.

Findings of Fact

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

1. Appellant is a [REDACTED]-year-old MassHealth member with a diagnosis of autism spectrum disorder.
2. On 7/17/25, MassHealth received a PA request on behalf of Appellant, seeking coverage for a pediatric hospital "cubby" bed, consisting of a frame, canopy, safety sheets, and mattress; and a technology hub, which includes a monitoring camera, microphone, speaker, environmental sensors, safety alerts, circadian light and soothing audio functions, and related software.
3. Through a notice dated 7/21/25, MassHealth approved Appellant's request for the cubby bed as being medically necessary but denied the tech hub because it was not considered DME and not covered by MassHealth.
4. The PA request included a written prescription for the requested DME items and letter of medical necessity signed by Appellant's PCP in support of Appellant's need for both the cubby bed and tech hub.
5. Appellant is non-verbal, he has a history of elopement attempts and self-harming behaviors, including head banging and damaging his crib; he tolerates touch or restraint poorly, becoming agitated and hitting at those trying to assess him or provide care.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's request for coverage of a technology hub as an additional component of his pediatric hospital "cubby" bed. Although MassHealth approved the cubby bed as medically necessary durable medical equipment (DME), it denied the tech hub on the basis that it was not DME and therefore not covered by MassHealth.

MassHealth covers the cost of medically necessary DME for eligible members, subject to the restrictions and limitations described in 130 CMR 409.000 and 130 CMR 450.000. See 130 CMR §§ 409.403, 130 CMR 409.413(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.

See 130 CMR 450.204(A).

MassHealth defines durable medical equipment (DME) as follows:

Durable Medical Equipment (DME) - equipment that (1) *is used primarily and customarily to serve a medical purpose*; (2) *is generally not useful in the absence of disability, illness or injury*; (3) can withstand repeated use over an extended period; and (4) is appropriate for use in any setting in which normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except as allowed pursuant to 130 CMR 409.415 and 130 CMR 409.419(C).

130 CMR 409.402 (emphasis added).

MassHealth covers DME that can be appropriately used in the member's home or setting in which normal life activities take place. See 130 CMR 409.413. MassHealth expressly recognizes "hospital

beds and accessories” as covered DME products. See 130 CMR 409.413(B)(13) (emphasis added). “Accessories” as defined under the regulations, are “products that are used primarily and customarily to modify or *enhance the usefulness or functional capability of an item of durable medical equipment and that are generally not useful in the absence of the item of durable medical equipment.*” 130 CMR 409.402 (emphasis added).

MassHealth also identifies various categories of “non-covered DME” which include the following:

...

(K) common household and personal hygiene items generally used by the public including, but not limited to, washcloths, wet wipes, and non-sterile swabs;

(L) products that are not DME (except for augmentative and alternative communication devices covered pursuant to M.G.L. c. 118E, § 10H under 130 CMR 409.428);

130 CMR 409.414.

In this case, MassHealth approved the appellant’s request for the Cubby Basic Safety Bed as medically necessary durable medical equipment. However, MassHealth denied the request for the technology hub hospital bed accessory because it determined it did not meet the definition of DME under subsections (K) and (L), of § 409.414 above. MassHealth’s determination is supported by the record. The features of the tech hub include a video camera; alert systems for motion, sound, smoke, and carbon monoxide; a circadian light, a meditative breathing program, and a speaker that plays pre-loaded sounds. As the MassHealth representative contended, these features are *not* primarily used for medical purposes and *are* frequently used in the absence of disability, illness, or injury. Items such as night-time cameras and devices that play music or sounds are commonly available for retail purchase. While MassHealth does pay for medically necessary hospital bed *accessories*, these are limited to items that would not otherwise be useful in the absence of durable medical equipment. See 130 CMR 409.402 For example, the list of covered hospital bed accessories in MassHealth’s *Guidelines for Medical Necessity* consist of items such as bed rails, mattresses, bed boards, and trapeze/grab bars. See Exh. 5, p. 39. While the tech hub would be of benefit to Appellant, it is essentially a non-medical device comprised of features that are widely available and used for general purposes. For the reasons set forth above, the Technology Hub does not meet the regulatory definition of DME or a DME accessory and it is therefore not a covered service under MassHealth regulations.

Based on the foregoing, 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

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