

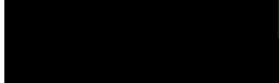
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2511226
<b>Decision Date:</b>	10/17/2025	<b>Hearing Date:</b>	09/02/2025
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**



**Appearance for MassHealth:**

*Via Teams Videoconference:*

Monique Racine, Registered Respiratory  
Therapist, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Durable Medical Equipment
<b>Decision Date:</b>	10/17/2025	<b>Hearing Date:</b>	09/02/2025
<b>MassHealth’s Rep.:</b>	Monique Racine	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	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 July 8, 2025, MassHealth denied the appellant's prior authorization request for an oximeter (Exhibit 1). The appellant filed this appeal in a timely manner on July 30, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization request for durable medical equipment is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for an oximeter.

## Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request for an oximeter.

## Summary of Evidence

MassHealth was represented at hearing via Teams videoconference by a clinical appeal reviewer who is a registered respiratory therapist. The appellant appeared at hearing in-person with her mother.

The MassHealth representative offered the following information through testimonial and documentary evidence: the appellant is ■ years old with primary diagnoses of epilepsy and cerebral palsy. Exhibit 5 at 2. On July 7, 2025, her provider submitted a prior authorization request for an oximeter. *Id.* On July 8, 2025, MassHealth denied the request stating that

Oximeters are for use when SpO<sub>2</sub> is transient, variable and unpredictable even in the presence of supplemental oxygen; occurs on a regular frequent basis and requires regular frequent changes in liter flow. Documents submitted do not indicate the member has oxygen titration ordered in response to hypoxemia. Letter of medical necessity documents oximeter is for history of seizures, documentation submitted states no seizures in 2 years. Oximeter is not medically necessary.

Exhibit 1 at 2.

The appellant's provider submitted a medical necessity letter stating that the oximeter is needed at night to monitor the appellant's epilepsy and ensure prompt intervention during seizures. Exhibit 5 at 12-13. The oximeter is placed on the appellant's toe during sleep and alerts her mother when a seizure is occurring. *Id.* Documentation shows that the appellant's last seizure was over two years ago. *Id.*

The MassHealth representative explained that an oximeter is used to monitor oxygen saturation and make sure someone's levels are at the level requested. The appellant does not use oxygen and has no order to titrate to keep oxygen saturation above a certain level. She explained the requirements of the medical necessity regulation at 130 CMR 450.204 and the regulation at 130 CMR 427.443, which details the clinical requirements for respiratory therapy equipment – oximetry. *Id.* at 26 and 28. 130 CMR 427.443(A) specifies that continuous oximetry is reimbursable for hypoxemia when it occurs frequently, which is not the situation for the appellant. *Id.* at 28. An oximeter is not intended for use to monitor seizure activity. There are seizure specific monitors that MassHealth will cover.

The appellant's mother explained that the appellant's seizures started when she was 2.5 years old and it was a very serious seizure. All subsequent seizures have been serious and all have occurred during sleep. The only way to know if she is having one is to monitor her oxygen levels. The parameters have been set by the appellant's neurologist and if her oxygen goes below a certain level, an alarm goes off and alerts her to a seizure. Without the oximeter, she does not know if the

appellant is having a seizure. The appellant is going through puberty which can make seizures unpredictable, even though she hasn't had one in two years. She is on twice daily seizure medications and given her medical complexity, she will not outgrow her seizures. An EEG has shown that she is prone to seizures and that there is an increase in that activity when she is asleep. When the appellant has a seizure, she is at risk for aspiration on vomit and saliva. She can't physically get in a safe side-lying position by herself due to her cerebral palsy.

The appellant's mother explained that other seizure monitoring devices don't work because they are based on movement and her seizures don't show in movement. The oximeter catches her oxygen and heart rate at a certain level. They are currently on their second oximeter and have had one for the past twelve years and MassHealth has always been the appellant's secondary insurance. Her current private insurance will cover 90% of the oximeter and MassHealth would only need to cover the other 10%, plus the monthly sensors. The appellant has an order for oxygen in her emergency seizure management plan. Exhibit 6 at 2. It states to administer oxygen during a seizure if she desaturates to 94%. *Id.* The oximeter was recommended by the appellant's neurologist and nothing else is comparable.

The MassHealth representative noted that she does not see any past approvals for an oximeter by MassHealth. She stated that the appellant does not meet the criteria set out in the regulations for coverage of an oximeter and there are no exceptions in the regulation.

## Findings of Fact

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

1. The appellant is a minor MassHealth member with primary diagnoses of epilepsy and cerebral palsy.
2. On July 7, 2025, MassHealth received a prior authorization request for an oximeter to use at night to monitor the appellant for seizures.
3. On July 8, 2025, MassHealth denied the request because the oximeter was not medically necessary pursuant to MassHealth regulations 130 CMR 427.443 and 130 CMR 450.204.
4. On July 30, 2025, the appellant timely appealed the denial.
5. The appellant does not frequently experience hypoxemia on a regular basis. She is not on oxygen and does not require frequent oxygen titration, although in her emergency seizure management plan, she does have an order for oxygen when she has a seizure, if she desaturates to 94%. She has not had a seizure in over two years.

## Analysis and Conclusions of Law

Pursuant to MassHealth regulations, MassHealth may not pay any provider for certain services, including durable medical equipment and supplies, if those particular equipment, supplies, and/or services are not proven to be “medically necessary”.

The regulatory definition of “medically necessary” for all providers of MassHealth services is found at 130 CMR 450.204, which reads in relevant part as follows:

### 450.204: Medical Necessity

(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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

(B) 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**. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

See 130 CMR 450.204(A), (B) (Emphasis added).

To be approved, the regulations are clear that any prior authorization request must contain documentation of how that request satisfies the relevant “medical necessity criteria”. See 130 CMR 450.204(B) and 130 CMR 409.417(A).

130 CMR 427.443 addresses the clinical requirements for respiratory therapy equipment – oximetry and states the following:

(A) Requirements for Use.

(1) Spot Checks. Spot checks are reimbursable when used to document the

presence of hypoxia and to quantitate the response of arterial oxyhemoglobin saturation to the therapeutic intervention when hypoxemia is transient and unpredictable even in the presence of supplemental oxygen.

(2) Continuous. Continuous oximetry is reimbursable when hypoxemia (SaO<sub>2</sub> is less than 90% or decreases 5% from baseline) is transient, variable, and unpredictable, even in the presence of supplemental oxygen, and occurs frequently on a regular basis, so that it requires frequent changes in the supplemental oxygen in response to and to correct hypoxemic episodes.

(B) Reasons for Noncoverage. If oximetry demonstrates hypoxemia that is correctable and stabilized with supplemental oxygen (that is, during sleep, exercise, or seizures) or some other therapeutic intervention, continued monitoring is not reimbursable.

According to the medical necessity letter submitted by the appellant's doctor, the oximeter is needed at night to monitor the appellant's epilepsy and ensure prompt intervention during seizures. The oximeter is placed on the appellant's toe during sleep and alerts her mother when a seizure is occurring. While the appellant's mother's testimony is credible and the oximeter is clearly an important tool for their family to monitor the appellant's seizure activity, pursuant to the regulations, it is not covered under these circumstances.

An oximeter is not intended for use to monitor seizure activity. Oximeters are for use when oxygen saturation is transient, variable, and unpredictable, even in the presence of supplemental oxygen; occurs on a regular, frequent basis; and requires regular frequent changes in liter flow. The documents submitted by the appellant do not indicate that the appellant has oxygen titration ordered in response to frequent hypoxemia. Documentation shows that the oximeter is being requested for a history of seizures and the appellant has not had a seizure in two years. The appellant does have an order for oxygen in her emergency seizure management plan. It states to administer oxygen during a seizure if she desaturates to 94%; however, as she has not had a seizure in two years, this use of oxygen is not regular or frequent. Unfortunately, based on available documentation and the applicable regulations, the appellant does not meet the medical necessity criteria for MassHealth to cover the oximeter.

For these reasons, MassHealth's determination was correct and the 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

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