

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514816
<b>Decision Date:</b>	12/11/2025	<b>Hearing Date:</b>	11/14/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Elizabeth Miner, OTR/L, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization; Durable Medical Equipment (DME)
<b>Decision Date:</b>	12/11/2025	<b>Hearing Date:</b>	11/14/2025
<b>MassHealth's Rep.:</b>	Elizabeth Miner, OTR/L	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South 1 (Telephone)	<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 September 23, 2025, MassHealth denied the appellant's prior authorization request for a tilt in space wheelchair. *See* Exhibit 1. The appellant filed this appeal in a timely manner on October 10, 2025. *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 the appellant's prior authorization request for a tilt in space wheelchair.

## Issue

The appeal issue is whether MassHealth erred in denying the appellant's request for coverage of a tilt in space wheelchair.

## Summary of Evidence

The appellant, a [REDACTED] year-old girl, was represented at a telephonic hearing by her mother. MassHealth was represented by a licensed occupation therapist/clinical reviewer who also appeared via the telephone. Below is a summary of the testimony and evidence submitted for hearing:

The MassHealth representative testified that on September 19, 2025, MassHealth received a prior authorization (PA) request from [REDACTED] (Provider) on behalf of the appellant for a tilt in space manual wheelchair, specifically, the Hoggi Bingo Evolution stroller with the requested optional full recline, and accessories and optional equipment including the Cobra indoor base. MassHealth made a timely decision on September 23, 2025, denying the requested tilt in space wheelchair because “the documentation submitted does not establish medical necessity for the requested frame. The appellant was approved for a tilt in space manual wheelchair in 2024.” Testimony; Exhibit 1. The cost of the denied requested mobility equipment Hoggi Bingo Evolution stroller is \$9,726.66 per the National Seating and Mobility Work order. Testimony; *See also* Exhibit 5 at 15-16. Included in the PA request packet is a letter of medical necessity from staff at the appellant’s school. *Id.* at 9-10.

According to the information provided in the letter of medical necessity, the appellant is at [REDACTED] year-old girl, and she has diagnoses which include spastic quadriplegia, cerebral palsy, cortical visual impairment, [REDACTED] startle motor reflex, optic atrophy and nystagmus. The letter from the appellant’s school states that

[Appellant] presents with increased muscle tone and reactivity with quick movements. [Appellant] has reduced motor control consistent with her diagnosis, hypomobility of her joints and utilizes a combination of tone and volitional movements to achieve motor positions and ambulation in her gait trainer transfers are dependent on a two person assist except when using extensor tonal assist to perform a sit to stand transfer with trained staff and family. [Appellant] can stand in a wrist in stander for 30 to 60 minutes and walks with a Grillo gait trainer using independent reciprocal steps with assist to turn at school.

*Id.*

The MassHealth representative testified that the submitted documentation shows that the appellant’s family has chosen to use a privately-purchased “Convoid stroller” in the community. The requested Hoggi Bingo Evolution stroller, due to the complex custom options for size and construction, is considered a tilt in space wheelchair and is not stroller equipment. Testimony. The requested stroller includes a tilt in space base, a fully reclining backrest, elevating leg rests, custom seating back and base, custom push handles, a transit option, custom trunk supports

and laterals, securement harnesses, and a requested separate base to be used in the home as a separate seating option. Testimony. The requested equipment was requested as “a foldable option to be used in all her life environments and ease of family use as well as providing a separate seating option in the home.” Testimony. The letter of medical necessity reported that the primary reason for the requested equipment is that the appellant's present equipment cannot be used in the family vehicle; it does not report that the current equipment is unable to meet the appellant’s medical needs. Testimony. MassHealth denied the requested equipment because MassHealth provided the appellant with a custom tilt in space wheelchair to be utilized in all environments under a previous PA request dated April 2, 2024. This equipment was delivered to the member on September 13, 2024. MassHealth will not approve the DME under the current request because this request is “a duplication of equipment already available to the member” and “a medical necessity was not established for the need” for a new tilt in space wheelchair. Testimony.

The MassHealth representative continued her testimony. She had reviewed the PA request for the previously approved tilt in space wheelchair. The previously approved and accepted tilt in space wheelchair was requested by the same campus school at [REDACTED]. The appellant’s physical therapist, [REDACTED] submitted a letter of medical necessity dated March 22, 2024 with the previous request. Testimony; *see also* Exhibit 5 at 39-45. The MassHealth representative reviewed the previously approved wheelchair; it has growth options, supportive positioning and seating, and a dynamic rocker base and rocker back to accommodate the appellant’s trunk and lower body extensor tone. It also includes leg rests and footrests with coil springs to accommodate the appellant’s extensor tone and to keep her safe. Testimony. MassHealth approved the tilt in space wheelchair in 2024 because the appellant’s previous wheelchair required extensive repairs due to her medical needs.

The MassHealth representative then stated that the appellant’s family was directly involved in the evaluation process and choice of the approved 2024 tilt in space wheelchair. The appellant travels a lot with her family, and the family now prefers a more lightweight and smaller option than the previously approved wheelchair; this approved chair provides focused “constant rotation” tilt in space. She testified that MassHealth provided medically necessary equipment modifications as necessary to the previous tilt in space wheelchair, including modifications in December 2024 to maximize the appellant’s seating and positioning in all life environments. Testimony. Furthermore, MassHealth has funded “a Medical Car Seat, Grillo Gait Trainer, wrist and standard incontinence products, Enteral products and PCA time, both during her school and non-school weeks” for the appellant. Testimony. She then noted that the appellant submitted additional documentation prior to hearing via the Board of Hearings, and that she had also reviewed these submissions prior to hearing. *See* Exhibit 6. These submissions were authored by the same physical therapist, [REDACTED] and the appellant’s physicians, [REDACTED]. The physicians’ document requests reconsideration of the denied wheelchair upgrade from her present wheelchair. The documentation submitted by the physical therapist states that this

equipment is for use in the community by the appellant and not for use in the home. However, the MassHealth representative noted that despite this letter, the request includes a request for the issuance of an additional Cobra indoor base for home activities, and for caregiver ease for activities within the home. "This allows for custom seating to be removed from the wheelchair base or the stroller base and applied to an indoor base for home activities and caregiver ease." Testimony.

The MassHealth representative then concluded her testimony by stating that based upon the prehearing submission documents, one of the stated reasons that the appellant needs the new wheelchair is that the appellant's current wheelchair does not easily fit in the family vehicle and it cannot collapse. MassHealth disagrees; the appellant's present equipment as documented, can fit in the vehicle when necessary and is available in the community to meet her complex medical needs. The appellant's present equipment has the ability to manage her present needs and the equipment cost of the requested denied product is greater than the equipment that the member is currently using in her life. Furthermore, MassHealth has not provided the member with secondary stroller equipment in the past. Testimony. The appellant's complex medical needs are met with her present equipment, duplicative equipment is not medically necessary, and less costly options have been ruled out by the provider as not able to meet her needs. MassHealth believes that the appellant has the equipment to meet her medical needs in all life environments. Testimony.

The appellant was represented in this proceeding by her mother. She began her testimony by clarifying that MassHealth provided her daughter with secondary stroller equipment in the past; the appellant last received a stroller in 2014 from MassHealth. The MassHealth representative agreed with the appellant's mother and corrected her earlier testimony. The appellant's mother continued her testimony. She stated that her family does not own a wheelchair van, and the appellant needs to be able to travel with her family. The family travels extensively, and the appellant should not be restricted to only traveling to places that are accessible to her such as her school or home. Testimony. The appellant's mother stated that the reason that they are requesting a new tilt in space wheelchair is that her current wheelchair has already had parts break; parts on one side have already been replaced. She feels that it does not make sense to keep repairing the broken parts of the current wheelchair. The appellant has recently experienced a growth spurt and she has outgrown her wheelchair. Testimony.

The appellant's mother continued her testimony. Her family has been very disappointed with the current wheelchair that the appellant received from MassHealth in 2024. She stated "We can't even pull her up the stairs in it. It's not strong enough. It failed. So that's why when we found this, it is something new. It is a tilt in space but it comes apart and I can put it in the back of my car." Testimony. Also, the appellant requires a Cobra base in the home because she needs additional seating in the home that allows for alternative heights and surfaces. The appellant is missing out on critical family time by not having the new, requested wheelchair in the home. Testimony. She stated that the new wheelchair is absolutely necessary for her to be able to

transport the appellant out of their home and into the community. The family cannot afford a wheelchair van, and the appellant's current wheelchair does not fit comfortably in the current family vehicle. Testimony.

The MassHealth representative responded to this testimony by noting that MassHealth is not the appellant's primary health insurance source; MassHealth is the secondary insurance. She asked if the appellant's primary insurance had rejected coverage of the new tilt in space wheelchair. The appellant's mother confirmed that the appellant's primary insurance had refused to provide a new tilt in space wheelchair. The MassHealth representative responded to this testimony by stating, "At this time, MassHealth ascertains that we have provided, and do provide, both equipment to meet [the appellant's] medical needs within the home and within the community." Testimony.

## Findings of Fact

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

1. The appellant is a [REDACTED] year-old MassHealth member with diagnoses of spastic quadriplegia, cerebral palsy, cortical visual impairment, [REDACTED] startle motor reflex, optic atrophy and nystagmus. Testimony; Exhibit 5.
2. On September 19, 2025, MassHealth received a prior authorization request on behalf of the appellant for a Hoggi Bingo Evolution stroller with the requested optional full recline, and accessories and optional equipment including the Cobra indoor base. Testimony and Exhibit 5.
3. On September 23, 2025, MassHealth denied the 9/19/2025 prior authorization request for the Hoggi Bingo Evolution stroller with the requested optional full recline, and accessories and optional equipment including the Cobra indoor base because "the documentation submitted does not establish medical necessity for the requested frame. The appellant was approved for a tilt in space manual wheelchair in 2024." Testimony; Exhibit 1.
4. On October 10, 2025, the appellant filed a timely request for a fair hearing with the Board of Hearings, appealing the 9/23/2025 denial of the Hoggi Bingo Evolution stroller and accessories. Exhibit 2.
5. The Hoggi Bingo Evolution stroller with the requested accessories costs \$9,726.66. Testimony and Exhibit 5.
6. The appellant received a custom tilt in space wheelchair from MassHealth in September 2024. Testimony.

## Analysis and Conclusions of Law

MassHealth requires prior authorization for durable medical equipment requests. See 130 CMR 409.418. MassHealth covers medically necessary Durable Medical Equipment (DME) that can be appropriately used in the member's home or setting in which normal life activities take place, and in certain circumstances described in 130 CMR 409.415 for use in facilities. See 130 CMR 409.413(A). All DME must be approved for community use by the federal Food and Drug Administration (FDA). See 130 CMR 409.413(A). DME that is appropriate for use in the member's home may also be used in the community. See 130 CMR 409.413(A).

MassHealth covers the DME listed in Subchapter 6 of the Durable Medical Equipment Manual, the DME and Oxygen Payment and Coverage Guideline Tool, and any successor guidance issued by the MassHealth agency or its designee. See 130 CMR 409.413(B).

By regulation, MassHealth will not pay a provider for services that are not medically necessary. Pursuant to 130 CMR 450.204(A), a service is considered "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the recipient 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 MassHealth (130 CMR 450.204(A)).

Pursuant to 130 CMR 409.414, MassHealth does not pay for the following:

(B) DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 409.000, and 130 CMR 450.204: Medical Necessity. **This includes, but is not limited to, items that:**

- (1) cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness, disability, or injury;
- (2) are more costly than medically appropriate and feasible alternative pieces of equipment; or
- (3) **serve the same purpose as DME already in use by the member, with the exception of the devices described in 130 CMR 409.413(D)...**

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007). Moreover, the burden is on the appealing party to demonstrate the invalidity of the

administrative determination. See *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).

At issue in this case is MassHealth's denial of the appellant's prior authorization request for a new tilt in space wheelchair. Specifically, MassHealth denied payment for the Hoggi Bingo Evolution stroller with the requested optional full recline, and accessories and optional equipment including the Cobra indoor base. The appellant argues that this equipment is needed for two reasons; the first is that the new tilt in space wheelchair will allow the appellant to travel more with her family and experience family life more fully; and the second is that the new tilt in space wheelchair makes it easier for the appellant's caregivers, primarily her mother, to transport the appellant outside the home. MassHealth argues that the appellant has not demonstrated that a new tilt in space wheelchair is medically necessary; the appellant received a custom tilt in space wheelchair from MassHealth in September 2024 that is still in good working order, and is presently meeting the appellant's needs.

The appellant also argues that the tilt in space wheelchair ensures appropriate safety and positioning support required for the appellant to access all of the surfaces in her home. MassHealth does not dispute that the tilt in space wheelchair provides these benefits but persuasively argues that all the appellant's needs can be met with the current custom wheelchair that the appellant received from MassHealth in September 2024. The appellant argues that her current wheelchair is not capable of easily fitting in the family vehicle, and that it is difficult to carry the wheelchair upstairs. As noted by MassHealth at hearing and undisputed by the appellant's representative, the appellant's family was extensively involved in the selection and procurement of the appellant's current custom wheelchair in 2024, and all of the submitted documentation indicates that the current wheelchair can be safely transported in the appellant's family vehicle. Lastly, there is nothing in the record that indicates that the appellant's current custom wheelchair that she received from MassHealth in September 2024 has ceased to function correctly and safely.

On this record, the appellant has not demonstrated that the requested Hoggi Bingo Evolution stroller with the requested optional full recline, and accessories and optional equipment including the Cobra indoor base, is medically necessary at this time. See 130 CMR 450.204 and 130 CMR 409.414.

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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

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