

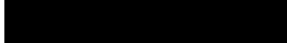
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514940
<b>Decision Date:</b>	1/12/2026	<b>Hearing Date:</b>	11/13/2025
<b>Hearing Officer:</b>	Casey Groff		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Robin Brown, OTR/L, Clinical Appeals Reviewer



*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>	Durable Medical Equipment
<b>Decision Date:</b>	1/12/2026	<b>Hearing Date:</b>	11/13/2025
<b>MassHealth's Rep.:</b>	Robin Brown, OTR/L	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Board of Hearings, Remote	<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 10/9/25, MassHealth informed Appellant, a minor, that it denied his request for prior authorization of a storage basket to be included with his approved pediatric stroller/wheelchair on the basis that it was not covered durable medical equipment (DME). *See* Exh. 1; 130 CMR §§ 450.204, 409.000 *et. seq.* Appellant, through his parent/guardian, filed a timely appeal on 10/14/25. *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 pediatric wheelchair storage basket on the basis that the item did not meet the definition of durable medical equipment and was not a covered DME 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 coverage of a pediatric wheelchair storage basket on the

basis that it is not durable medical equipment and therefore not covered by MassHealth.

## Summary of Evidence

MassHealth was represented at hearing by a licensed and registered occupational therapist and clinical appeals reviewer. Appellant, a minor, appeared through his mother. All parties appeared by telephone.

Based on testimony and documentary submissions, the following evidence was presented: Appellant is a ██████████ MassHealth member with diagnoses of global developmental delay, cerebral palsy, hypotonia, cortical visual impairment, and impaired mobility. See Exh. 5, p. 7. To help with ambulation and stability, Appellant wears B-articulating supramalleolar orthoses (SMOs). *Id.* at 8. Appellant can stand and walk short distances but requires a pediatric wheelchair or medical grade stroller to ambulate for longer distances. *Id.* Due to developmental impairments, Appellant uses an augmented and alternative communication (AAC) device to communicate.

On 10/6/25, MassHealth received a prior authorization (PA) request from Appellant's primary care physician seeking coverage for a Coaster Scout CTR-16 pediatric wheelchair/stroller mobility device with related components and accessories, including headrest extension, a harness with padded covers, a three-point pelvic belt, foot positioners, a calf panel, an upper extremity tray; and an under-seat storage basket. *Id.* at 11-12.

In an accompanying letter of medical necessity, Appellant's PCP noted that due to low muscle tone, easy fatigability, and poor balance, Appellant cannot ambulate independently safely or for functional distances at home or in the community. *Id.* at 7. The provider wrote that a manual wheelchair is medically necessary to provide safe mobility, prevent fatigue, and allow Appellant to access school, therapy, and community activities, and to perform ADLs at home; and that without the requested equipment, Appellant is unable to participate safely or effectively in daily life. *Id.*

The PA request also included documentation from the prescribing physical therapist who evaluated Appellant. In the submission, the PT found that because Appellant has outgrown his current pediatric wheelchair, due to an increase in height and weight, he requires a new wheelchair, i.e., Coaster Scout CTR-16, that is larger in size with the requested components and accessories. *Id.* at 9-10. The PT specifically requested the under-seat storage basket, noting that it was "required to store Appellant's communication device when not in use and his braces, diaper supplies, drinks to remain hydrated, and food." *Id.* at 10. According to the invoice submitted with the PA request, the cost of the under-seat storage basket, inclusive of all applicable discounts and a 1.35% markup, was \$65.93. *Id.* at 14. MassHealth submitted images of the wheelchair both with and without the storage basket. *Id.* at 23-24 The MassHealth

representative explained that the storage basket is a detachable item which, using snaps, can attach to the frame of the stroller, underneath the stroller seat.

Through a notice dated 10/9/25, MassHealth approved the request for the Coaster Scout CTR-16 mobility device and all requested components and accessories except for the under-seat storage basket. See Exh. 1. The basket was denied on the basis that it was not considered covered durable medical equipment pursuant to MassHealth regulations. See Exh. 1.

The MassHealth representative testified that pursuant to 130 CMR 409.414(K), MassHealth does not pay for non-medical equipment or supplies. The representative explained that equipment that is primarily and customarily used for non-medical purposes is not considered durable medical equipment, even if such equipment has a medically related use. She explained that although the stroller itself is medically necessary, the requested basket is an accessory that is generally used for non-medical purposes, and as such, does not meet the definition of covered DME or a covered DME accessory.

Appellant's mother testified consistently with the documentation submitted in support of the PA request. She explained that Appellant previously received a pediatric wheelchair/stroller through MassHealth, which automatically included an integrated storage basket. Appellant has since outgrown the stroller. She testified that the storage basket is necessary to safely store Appellant's AAC device when it is not in use, noting that the device is expensive item, which was also covered through MassHealth, and could be damaged if dropped. She also testified that Appellant, at times, needs to remove his SMOs due to discomfort. They are bulky and cannot be easily placed beside or on Appellant on the stroller seat. Appellant's mother explained that a storage basket is an integral component of the stroller and did not feel it was appropriate for MassHealth to exclude it from coverage, especially where it is being requested to store essential medical items. These are not items that she can easily hold, noting that she already has her hands full with other items she carries for Appellant, and needs to push the wheelchair.

## **Findings of Fact**

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

1. Appellant is a minor MassHealth member with diagnoses of global developmental delay, cerebral palsy, hypotonia, cortical visual impairment, and impaired mobility.
2. Appellant wears B-articulating SMO braces and uses an AAC device to communicate.
3. Appellant requires a medical grade stroller/pediatric wheelchair to ambulate long distances outside the home.

4. On 10/6/25, MassHealth received a PA request from Appellant's PCP seeking coverage for a Coaster Scout CTR-16 pediatric wheelchair/stroller mobility device with related components and accessories, including headrest extension, a harness with padded covers, a three-point pelvic belt, foot positioners, a calf panel, an upper extremity tray; and an under-seat storage basket.
5. The prescribing physical therapist requested the under-seat storage basket for the purpose of storing Appellant's AAC communication device, orthotic braces, diapering supplies, drinks, and food when Appellant is using the stroller/wheelchair.
6. Through a notice dated 10/9/25, MassHealth approved the request for the Coaster Scout CTR-16 mobility device and all requested components and accessories except for the under-seat storage basket.
7. The cost of the under-seat storage basket, inclusive of discounts and a MassHealth markup, was \$65.93.
8. Appellant has since outgrown his prior stroller, which came with a built-in storage basket, and which was covered by MassHealth.

## **Analysis and Conclusions of Law**

This appeal addresses whether MassHealth correctly denied Appellant's request for coverage of a storage basket to be used with his approved pediatric wheelchair. As the moving party, Appellant bears the burden of proving that MassHealth's determination was invalid. *See Andrews v. Division of Med. Assistance*, 68 Mass. App. Ct. 228, 231 (2007).

MassHealth covers the cost of medically necessary DME for eligible members, subject to the restrictions and limitations described in 130 CMR 409.00 and 130 CMR 450.00 *et. seq.* *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 "mobility equipment and seating systems" as covered DME products. See 130 CMR 409.413(B)(9).

However, MassHealth regulations expressly *exclude* from coverage the following items, which are considered "non-covered DME:"

(B) DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 450.204. 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 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);

...

(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);...

See 130 CMR 409.414.

In this case, MassHealth approved Appellant's request for a pediatric manual wheelchair as medically necessary durable medical equipment but denied the request for the accompanying under-seat storage basket on the basis that it did not meet the definition of DME under 130 CMR 409.402, above. Appellant opposed the determination, explaining that the basket is needed to store Appellant's necessary medical equipment, such as his AAC and SMOs, that are fragile, expensive, and cannot easily or safely be carried through other means. While Appellant presented a valid and understandable basis for the request, the primary purpose of the basket is storage. As MassHealth explained at hearing, storage baskets are commonly available consumer accessories and are routinely used by the general public on strollers, wheelchairs, and other medical and non-medical devices, regardless of disability. Further, it is not a covered DME accessory<sup>1</sup> as it does not modify the medical function of the stroller itself, nor would it be rendered useless in the absence of disability. While an integrated storage basket would undoubtedly be beneficial for managing Appellant's equipment, MassHealth appropriately determined that the requested item did not meet the definition of durable medical equipment or a covered DME accessory 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.

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Casey Groff  
Hearing Officer

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<sup>1</sup> "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).

Board of Hearings

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