

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516038
Decision Date:	12/18/2025	Hearing Date:	12/04/2025
Hearing Officer:	Marc Tonaszuck		

Appearances for Appellant:



**Appearances for Tufts Health Plan
Accountable Care Organization:**

John Shin, Esq., Counsel; Nicole Dally, Manager,
Appeals and Grievances; Dr. David Dohan,
Medical Director



*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:	12/18/2025	Hearing Date:	12/04/2025
Tufts Health Plan ACO Reps.:	John Shin, Esq., Counsel; Nicole Dally, Manager, Appeals and Grievances; Dr. David Dohan, Medical Director	Appellant’s Rep.:	██████████
Hearing Location:	Quincy Harbor South	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated 10/15/2025, Tufts Health Plan (Tufts), an accountable care organization (ACO) that contracts with MassHealth, notified the appellant, a minor child, that it had denied his prior authorization request for Genotropin, 12 mg. cartridge (130 CMR 450.204; Exhibit 1). On 10/31/2025, a timely appeal was filed on the appellant’s behalf with the Board of Hearings (130 CMR 610.015(B); Exhibit 2). An MCO decision to deny or provide limited authorization of a requested service, including the type or level of service, is valid grounds for appeal (130 CMR 610.032(B)).¹

¹ A managed care organization (MCO) is defined in 130 CMR 508.006 as any entity with which the MassHealth agency contracts to provide and coordinate care and certain other medical services to members on a capitated basis, including an accountable care organization (ACO), an integrated care organization, or an entity that is approved by the Massachusetts Division of Insurance as a health-maintenance organization (HMO), or that otherwise meets the State Plan definition of an HMO. MCOs are responsible for providing enrollees with the full continuum of MassHealth-covered services.

Action Taken by ACO

Tufts denied the appellant's request for Genotropin 12 mg. cartridges.

Issue

The appeal issue is whether Tufts was correct in denying the appellant's request for Genotropin 12 mg. cartridges.

Summary of Evidence

Representatives from Tufts Health Plan (Tufts) testified that the appellant is an [REDACTED] MassHealth member who is enrolled in Tufts Health Plan Together plan (Tufts). The member's mother is appealing for prospective coverage of GENOTROPIN 12 MG CARTRIDGE. The initial request was submitted on 09/09/2025 and denied on 09/09/2025 by Tufts because the request did not show medical necessity, as defined by MassHealth. The denial states:

MassHealth's coverage guideline titled Growth Hormone Agents for GENOTROPIN 12 MG CARTRIDGE require that you have diagnosis of one of the following: a) growth hormone deficiency, b) panhypopituitarism, c) hypoglycemia due to growth hormone deficiency, d) Noonan syndrome, e) Prader-Willi syndrome, f) Turner syndrome, g) Silver-Russel syndrome, h) chronic renal failure up to time of renal transplant or post-transplant, i) sickle cell disease, j) small for gestational age or intrauterine growth restriction, k) human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-associated wasting or cachexia, or l) short bowel syndrome (in members receiving specialized nutrition support, including enteral or parenteral nutrition, and/or fluid and micronutrient supplements). Please note, growth hormone agents are not covered for idiopathic (non-GH deficient) short stature.

The member's mother submitted an appeal for prospective coverage of GENOTROPIN 12 MG CARTRIDGE on 09/25/2025. On 10/14/2025, the appeal was reviewed by the Tufts Health Plan Utilization Review committee, and a decision was made to uphold the denial.

[REDACTED] testified that the appellant's mother stated that he had a growth hormone test and it showed that his levels were low and one test was completed when his glucose was low. The member's mother noted that studies have shown that hypoglycemia affects growth hormone test results and she would like the average of the test results to be considered as they are below the normal levels. The member's mother noted that Justin needs this medication because he is in the 13th percentile of growth. The appellant's mother concluded that her son is suffering mentally and physically.

According to the Tufts representatives, the appeal involves a denial of coverage for Genotropin 12 mg. cartridge for short stature. Included with the appellant's prior authorization request is a note

dated 06/19/2025 from the appellant's endocrinologist, [REDACTED], that states the appellant's diagnosis is "[REDACTED]" (Exhibit 4, p. 18).

On the medication prior authorization request form dated 09/09/2025 signed by [REDACTED], the primary diagnosis related to the request for the Genotropin is "[REDACTED]" (Exhibit 4, p. 25).

The Tufts representatives testified that because the request for Genotropin was made for the purposes of treating a diagnosis of [REDACTED], it cannot be approved under the MassHealth medical necessity guidelines, as it not a covered medication.

The appellant's mother appeared at the fair hearing and testified telephonically with the assistance of her witness, [REDACTED]. At first the appellant's mother expressed concern that Tufts was representative at the hearing by an attorney. The mother testified that she did not know she had a right to an attorney. The hearing officer asked her how she would like to proceed, and she decided to move forward with the hearing.

The appellant's mother expressed that the appellant requires the Genotropin medication for his short stature. She argued that by delaying the approval, the appellant will continue to suffer mentally and physically.

The mother did not present evidence to show that the appellant meets any of the MassHealth criteria for Genotropin. Additionally, she did not provide any documentation to show that the appellant's diagnosis is something other than [REDACTED].

Findings of Fact

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

1. Tufts Health Plan (Tufts) is a MassHealth accountable care organization (ACO) that has contracted with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services and been designated to provide services to eligible individuals under M.G.L. c. 118E. Tufts is responsible for providing enrollees with the full continuum of MassHealth-covered services.
2. The appellant is [REDACTED] and he has been diagnosed with [REDACTED].
3. On 09/09/2025, the appellant's endocrinologist, [REDACTED], submitted to Tufts a prior authorization request for Genotropin 12 mg. cartridge. The primary diagnosis listed on the prior authorization form states that the medication is requested to treat the appellant's diagnosis of "[REDACTED]."

4. On 09/09/2025, Tufts denied the appellant's request for Genotropin 12 mg. cartridge for failing to meet the criteria listed in the MassHealth prior authorization medical necessity guidelines.
5. On 09/25/2025, the appellant's mother submitted an appeal to Tufts for prospective coverage of GENOTROPIN 12 MG CARTRIDGE.
6. On 10/14/2025, the appeal was reviewed by the Tufts Health Plan Utilization Review committee, and a decision was made to uphold the denial.
7. On 10/31/2025, the appellant's mother, on the appellant's behalf, submitted an appeal to the Board of Hearings.
8. A fair hearing was held on 12/04/2025. The appellant was represented by his mother at the fair hearing and Dr. Maya, the appellant's endocrinologist, was also present.
9. On 08/19/2025, the appellant's endocrinologist, [REDACTED], noted under "assessment and plan," that the appellant is diagnosed with [REDACTED].

Analysis and Conclusions of Law

The appellant is participating in Tufts Health Plan (Tufts), which is a MassHealth accountable care organization (ACO). Pursuant to 130 CMR 508.006:

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.

Under 130 CMR 508.010, MassHealth members who are enrolled in MassHealth-contracted ACO are entitled to a fair hearing under 130 CMR 610.032: *MassHealth: Fair Hearing Rules* if the ACO internal appeals process denies a member's requested covered benefits in whole or in part. The member may appeal to either the Centers for Medicare & Medicaid Services (CMS) Independent Review Entity (IRE), the Office of Medicaid Board of Hearings (BOH), or both.

Under 130 CMR 450.204, the MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary. 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)

At issue in this case is a denial by Tufts, a MassHealth-contracted ACO, of the appellant's request for Genotropin 12 mg. cartridge. After two levels of internal appeals, Tufts denied the request and the appellant now seeks relief at the Board of Hearings.

The appellant's mother testified that she feels that to deny or delay the appellant's medication, is to cause the appellant continued mental and physical difficulties.

Tufts denied the request for Genotropin 12 mg. cartridge because it determined that the request did not show that the medication is medically necessary. In support of the denials, Tufts directed the hearing officer to medical notes in the appellant's clinical record from [REDACTED], that state Genotropin is being requested to treat the appellant's diagnosis of [REDACTED].

The MassHealth medical necessity guidelines for Genotropin 12 mg. cartridge state:

MassHealth's coverage guideline titled Growth Hormone Agents for GENOTROPIN 12 MG CARTRIDGE require that you have diagnosis of one of the following: a) growth hormone deficiency, b) panhypopituitarism, c) hypoglycemia due to growth hormone deficiency, d) Noonan syndrome, e) Prader-Willi syndrome, f) Turner syndrome, g) Silver-Russel syndrome, h) chronic renal failure up to time of renal transplant or post-transplant, i) sickle cell disease, j) small for gestational age or intrauterine growth restriction, k) human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-associated wasting or cachexia, or l) short bowel syndrome (in members receiving specialized nutrition support, including enteral or parenteral nutrition, and/or fluid and micronutrient supplements). Please note, **growth hormone agents are not covered for idiopathic (non-GH deficient) short stature.**

(Emphasis Added.)

The appellant has not shown that he meets the above criteria for approval of the Genotropin 12 mg. cartridge. No evidence was presented that the appellant meets subparagraphs (a)-(l), above. In fact, the clinical record provided by Tufts show that the appellant's requesting provider repeatedly cited the sole diagnosis referenced for the request for Genotropin was "[REDACTED]," which is not a diagnosis for which Genotropin is authorized.

Accordingly, this appeal is denied.

Order for Tufts ACO

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

MassHealth Representative: Tufts Health Plan, Attn: Nicole Dally, Program Manager, Appeals & Grievance, 1 Wellness Way, Canton, MA 02021