

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved/Dismissed in part; Denied in part	<b>Appeal Number:</b>	2516556
<b>Decision Date:</b>	1/29/2026	<b>Hearing Date:</b>	12/09/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Father

**Appearance for MassHealth:**  
Sara Pedrone, Physical 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>	Approved/Dismissed in part; Denied in part	<b>Issue:</b>	Prior Authorization-Durable Medical Equipment (DME)
<b>Decision Date:</b>	1/29/2026	<b>Hearing Date:</b>	12/09/2025
<b>MassHealth's Rep.:</b>	Sara Pedrone, Physical Therapist, Optum	<b>Appellant's Rep.:</b>	Father
<b>Hearing Location:</b>	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 October 27, 2025, MassHealth modified Appellant's prior authorization request for a pediatric bed (130 CMR 450.204, 409.000 et seq., and Exhibit 1). Appellant filed this appeal in a timely manner on November 10, 2025 (130 CMR 610.015(B) and Exhibit 2). Modification of a request for assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth modified Appellant's prior authorization request for a pediatric bed.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, 409.000 et seq., in modifying Appellant's prior authorization request for a pediatric bed.

## Summary of Evidence

The MassHealth representative testified that on October 23, 2025, a prior authorization request for a Haven enclosed pediatric bed with upgrades was submitted by [REDACTED] to MassHealth on Appellant's behalf. On October 27, 2025, MassHealth approved the basic bed frame and denied the accessories requested as not medically necessary, including a full-size mattress length frame configuration, mattress hold-down system, heavy duty mesh-in canopy, lo-bed conversion: 14" patient mattress height, protective foam padding to frame exterior, sensory curtains, added additional door in back panel, and clear-view top panel in the canopy (Exhibit 4, p. 24). MassHealth testified that the cost of the bed as approved with applicable markup is \$5,588.83. The cost of the requested upgrades is \$6,802.10 with applicable markup. At the hearing, MassHealth partially reversed the denial by approving the following requested accessories: full-size mattress and frame, lo-bed conversion, and the mattress hold-down system. In upholding the remaining modifications, MassHealth referenced Guidelines for Medical Necessity Determination for Hospital Beds (Exhibit 5), regulations 130 CMR 409.414(B), 409.405(C), and medical necessity criteria at 130 CMR 450.204. MassHealth testified that sensory reduction curtains and a clear-view top are aesthetic convenience features that are not essential for medical safety and that standard mesh side panels that come with the bed provide adequate visibility and durability. MassHealth added that a second door to the bed is not medically necessary for Appellant because a zippered door is incorporated into the bed allowing safe egress to and from the bed, and an exit for caregivers is not considered medically necessary.

Medical documentation submitted with the prior authorization request shows that Appellant is [REDACTED] years old with a diagnosis of [REDACTED]. Appellant is non-verbal and very active and mobile at night. Appellant demonstrates a lack of understanding regarding safe and appropriate behaviors and continues to elope from safe spaces and demonstrates decreased awareness of dangerous items including hot surfaces, sharp objects, electrical items, and unstable structures. Appellant puts non-food items in his mouth with little awareness of the dangers, and is increasingly creative, skilled, and efficient in being able to access items he desires or finds interesting, requiring either constant supervision or an adapted environment to keep him safe. The pediatric bed was requested to provide safety in times of heightened arousal which is a common occurrence due to Appellant's sensory processing profile. (Exhibit 4, pp. 14-15). Appellant's father testified that the most important upgrades requested for the bed are the lo-bed conversion and the full-size mattress and frame. Regarding the clear-view top panel, he stated that Appellant likes to see the ceiling where stars are displayed as part of his routine when he goes to bed at night. The additional door would allow his care providers to get into and out of the bed and provide a safe way to get Appellant out of the bed in the event of an emergency, and to provide his caregivers an alternative exit if needed. Appellant's father conceded that the sensory curtains are not medically necessary. He added that the heavy-duty mesh curtains would be a nice feature that would prevent Appellant from breaking the bed and further protect Appellant while using the bed. He testified that Appellant has an [REDACTED] bed that has held up well and Appellant has not broken the canopy on the bed because it is very heavy duty, but he feels the Haven bed may not be as durable and may need frequent costly repairs with the standard mesh curtains. Appellant's father testified that external

foam on the bed is intended to protect Appellant from hitting his head and body on the outside of the bed which will be in the center of his bedroom.

MassHealth testified that the standard mesh is designed to provide secure containment for Appellant and will adequately meet medical necessity criteria for safety and containment within the frame of the bed. MassHealth added that if the standard mesh was broken, it would pay for a repair, which may also support a request for an upgrade in the future. MassHealth added that external foam padding does not have an impact on the goals for providing the bed which are safety and containment within the frame of the bed and is not considered medically necessary.

## Findings of Fact

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

1. On October 23, 2025, a prior authorization request for a Haven enclosed pediatric bed with upgrades was submitted by [REDACTED] to MassHealth on Appellant's behalf.
2. On October 27, 2025, MassHealth approved the basic bed frame and denied the accessories requested as not medically necessary, which include a full-size mattress length frame configuration, mattress hold-down system, heavy duty mesh in canopy, lo-bed conversion: 14" patient mattress height, protective foam padding to frame exterior, sensory curtains, added additional door in back panel, and clear-view top panel in the canopy.
3. The cost of the bed as approved with applicable markup is \$5,588.83.
4. The cost of the requested upgrades is \$6,802.10 with applicable markup.
5. MassHealth partially reversed the denial by approving the following requested accessories: full-size mattress and frame, lo-bed conversion, and the mattress hold-down system.
6. Appellant is [REDACTED] years old with a diagnosis of [REDACTED]
7. Appellant is non-verbal and very active and mobile at night.
8. Appellant demonstrates a lack of understanding regarding safe and appropriate behaviors and continues to elope from safe spaces and demonstrates decreased awareness of dangerous items including hot surfaces, sharp objects, electrical items, and unstable structures.
9. Appellant puts non-food items in his mouth with little awareness of the dangers, and is increasingly creative, skilled, and efficient in being able to access items he desires or finds

interesting, requiring either constant supervision or an adapted environment to keep him safe.

10. The pediatric bed was requested to provide safety in times of heightened arousal which is a common occurrence due to Appellant's sensory processing profile.
11. Appellant often seeks out intense movement and deep touch pressure in the form of jumping, spinning, leaping off surfaces, climbing under items and running.
12. Appellant's father conceded that the sensory curtains are not medically necessary.
13. Appellant has an Abram's Nation bed that has held up well and Appellant has not broken the canopy on the bed.

## **Analysis and Conclusions of Law**

Regulations governing durable medical equipment (DME) are found at 130 CMR 409.000. Pursuant to 130 CMR 409.427(C), the MassHealth agency may only pay for DME if the equipment is medically necessary. See also 130 CMR 409.407; 130 CMR 409.413(A). Medical necessity is defined at 130 CMR 450.204 and applies to all providers, including DME providers, and appears in relevant part below:

### 130 CMR 450.204: Medical Necessity

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) 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.

(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...

Covered services for DME are identified at 130 CMR 409.413 below:

409.413: Covered Services

(A) MassHealth covers medically necessary 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. ...

(B) 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. Providers may request prior authorization for medically necessary DME if the corresponding service code is not listed in Subchapter 6 or the DME and Oxygen Payment and Coverage Guideline Tool. Covered DME includes, but is not limited to

- (1) absorbent products;
- (2) ambulatory equipment, such as crutches and canes;
- (3) compression devices;
- (4) augmentative and alternative communication devices;
- (5) enteral and parenteral nutrition;
- (6) nutritional supplements;
- (7) home infusion equipment and supplies (pharmacy providers with DME specialty only);
- (8) glucose monitors and diabetic supplies;
- (9) mobility equipment and seating systems;
- (10) personal emergency response systems (PERS);
- (11) ostomy supplies;
- (12) support surfaces;
- (13) hospital beds and accessories;
- (14) patient lifts; and
- (15) bath and toilet equipment and supplies (including, but not limited to, commodes, grab bars, and tub benches).

Limitations on payment for DME are outlined at 130 CMR 409.414:

409.414: Non-covered Services

The MassHealth agency does not pay for the following:

(A) DME that is experimental or investigational in nature;

(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);
- (C) the repair of any DME ...;
  - (D) the repair of any equipment ... ;
  - (E) routine periodic testing, cleaning, regulating, and checking of DME that is owned by the member;
  - (F) DME that is not of proven quality and dependability, consistent with 130 CMR 409.404(B)(12);
  - (G) DME furnished through a consignment/stock and bill closet ...;
  - (H) DME that has not been approved by the federal Food and Drug Administration (FDA) for community use;
  - (I) evaluation or diagnostic tests conducted by the DME provider to establish the medical need for DME;
  - (J) home or vehicle modifications ...;
  - (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);
  - (M) certain DME provided to members in facilities in accordance with 130 CMR 409.415; and
  - (N) provider claims for non-covered services under 130 CMR 409.414 for MassHealth members with other insurance, except as otherwise required by law.

This hearing decision must be based on a preponderance of the evidence in the hearing record which includes the testimony of the parties (130 CMR 610.082). Appellant has the burden of demonstrating the invalidity of the MassHealth action.<sup>1</sup> The parties reached resolution to Appellant's favor as MassHealth approved at hearing the following requested accessories: full-size mattress and frame, lo-bed conversion, and the mattress hold-down system. Pursuant to 130 CMR 610.035, 610.051, in this regard the appeal is APPROVED and DISMISSED.

Regarding the additional upgrades requested, Appellant has not carried the burden of proof in showing that the upgrades requested are medically necessary as defined above. External foam padding, sensory curtains, an additional door, and a clear-view top panel are not included in the Guidelines for Medical Necessity Determination for Hospital Beds as covered accessories for hospital beds (Exhibit 5, p. 6). Safety enclosures and canopies for use with a hospital bed are coded as covered accessories (Id.); however, Appellant's argument that heavy duty mesh curtains are medically necessary to prevent damage to the bed and to protect Appellant while using the bed is unavailing. Appellant's father testified that Appellant has not broken the canopy on his current Abram's Nation bed. The MassHealth testimony by a licensed physical therapist is more credible and supports the conclusion that the standard mesh curtains are designed for the purpose of providing

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<sup>1</sup> See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. 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 Page 9 of Appeal No.: 2309752 (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).

safety and containment while the bed is in use, and that there is insufficient evidence to support that heavy-duty mesh curtains are medically necessary. Further, Appellant has not carried the burden of proof in showing that external foam on the outside of the bed in anticipation of a collision with the bed, another door in addition to the zippered entrance for the safety of Appellant or caregivers in anticipation of an emergency exit, and a clear-view top panel are medically necessary 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 (130 CMR 450.204(A)). On the evidence and testimony in the hearing record, I agree with the MassHealth testimony and conclude that the additional upgrades requested cannot reasonably be expected to make a meaningful contribution to the treatment of the member's illness, disability, or injury (130 CMR 409.414(B)). In this regard, the appeal is DENIED.

## **Order for MassHealth**

Approve the full-size mattress and frame, lo-bed conversion, and the mattress hold-down system as requested, and agreed to by MassHealth at the hearing.

## **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.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this

decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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