Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision: Denied

Appeal Number: 2603783

Decision Date: 6/15/2026

Hearing Date: March 25, 2026

Record Open to: April 15, 2026

Hearing Officer: Emily T. Sabo, Esq.

Appearances for Appellant: [redacted]

[redacted]

Appearance for MassHealth: Sara Pedone, Physical Therapist and Clinical Reviewer, Optum

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171

APPEAL DECISION

Appeal Decision: Denied

Decision Date: 6/15/2026

Hearing Date: March 25, 2026

Hearing Location: Quincy (Telephone)

MassHealth Representative: Sara Pedone

Appellant Representatives: Parent and Physical Therapist

Appeal Issues: Prior Authorization; Durable Medical Equipment (DME)

Aid Pending: 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 January 28, 2026, MassHealth notified the Appellant that it was denying his request for a Convaid Cruiser CX16 adaptive stroller on the grounds that it was duplicative of equipment already provided by MassHealth to the Appellant. 130 CMR 409.414(B)(3) and Exhibit 1. The denial notice states that MassHealth approved the Appellant for a manual K0005 wheelchair in 2023, and that coverage is provided for one manual wheelchair per five years. *Id.* The Appellant's representative filed this appeal in a timely manner on March 2, 2026. 130 CMR 610.015(B) and Exhibit 2. A MassHealth denial of a prior authorization request is grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for an adaptive stroller.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204 and 130 CMR 409.414, in denying the Appellant's request for an adaptive stroller.

Summary of Evidence

As part of the fair hearing request, the Appellant's representative included a November 19, 2025, evaluation by the Appellant's outpatient physical therapist, requesting the adaptive stroller.[1] The evaluation states that the Appellant is [redacted] years old, and he arrived for his appointment seated and pushed in a manual wheelchair, accompanied by his mother.

> Mom notes that [Appellant] relies on his [manual wheelchair] for all mobility access within the school and community settings, as he is non-ambulatory. At home, however, he often gets around the house by crawling or scooting on the floor. He is able to transfer into and out of seating devices/furniture within his home if it's set up at the appropriate height, and if the surface he is transferring to his wide enough. Earlier this year, [Appellant's] wheelchair needed to be serviced, and so he had a Convaid Cruiser CX16 on loan for a few weeks and Mom describes that it was a game changer for [Appellant] and his caregivers in terms of mobility. Specifically, [Appellant] was able to independently perform a transfer from floor to [wheelchair], and therefore didn't need to rely on his caregivers to lift him up from the floor, eliminating risk of injury to himself or his caregivers. This was because of the seat height of the stroller, as well as the width of the stroller seat, which is wider than his [wheelchair], and which therefore allows him to shift and pivot onto the seat. Being able to do this for several weeks afforded [Appellant] the ability to be much more independent and safe with mobility. Additionally, the Cruiser was much easier for [Appellant's] mother to maneuver around the home, school and community environments, compared to the manual wheelchair, due to the larger wheels and adjustable stroller handle.[2]

Exhibit 2 at 8-9.

[1] The equipment vendor is National Seating and Mobility. Exhibits 1 and 2.

[2] The evaluation continues and requests a shower chair, which, at hearing, the MassHealth representative testified MassHealth approved for the Appellant in January 2026.

The fair hearing request also included a letter from the Appellant's outpatient physical therapist and authorized representative, dated January 26, 2026, stating that the Appellant has

> a Quickie 2 manual wheelchair delivered on 11/09/2023. The primary purpose of this chair is for positioning and mobility within the school environment, and he was measured for it by his school providers. The chair is in good condition, however, it serves a different purpose than the requested adaptive stroller, as described below. [Appellant] and his caregivers require the requested adaptive stroller, in order for him to be safe and fully independent with transfers into and out of the chair within his home, as well as to be safely and efficiently transported in the community to and from medical appointments.

Id. at 6.

The hearing was held by telephone. MassHealth was represented by a physical therapist and clinical reviewer. The Appellant was represented by his mother and his outpatient physical therapist, who is also his authorized representative with MassHealth. The Appellant's mother verified his identity.

The MassHealth representative testified that MassHealth initially denied the prior authorization request for the Convaid Cruiser CX16 on January 14, 2026, and again on January 28, 2026. The MassHealth representative testified that MassHealth had approved a request for a Quickie 2 manual wheelchair in 2023 and a gait trainer in 2023 for the Appellant. The MassHealth representative testified that MassHealth denied the instant request because the stroller is duplicative and not medically necessary. The MassHealth representative testified that MassHealth will pay for repairs to durable medical equipment, and if the cost of repair or modification is less than $1,000.00, MassHealth does not require prior authorization.

The MassHealth representative testified that in 2023, the Appellant's school requested a manual wheelchair to replace the Appellant's Stingray stroller, to allow the Appellant greater independence. Exhibit 5 at 28-30. The MassHealth representative testified that the Appellant's stroller was replaced with a manual wheelchair because it would meet his needs across environments. She testified that because the Appellant is using his wheelchair on a daily basis, it is meeting his medical needs.

The Appellant's mother testified that the Appellant "bucks" in his current wheelchair and engages in self-injurious behavior. The Appellant's mother testified that when the Appellant's wheelchair's brakes were being fixed, the family borrowed a Convaid Cruiser stroller from the Appellant's school, which seemed to calm and regulate the Appellant. The Appellant's mother testified that the Appellant is nonverbal, and because he can get in and out of the stroller more easily, it is easier for him to communicate that way. The Appellant's mother testified that the Appellant does wear a helmet, but that it doesn't help with his neck snapping. The Appellant's mother testified that the Appellant throws his whole body back when he is in his manual wheelchair.

The Appellant's physical therapist testified that the adaptive stroller would serve a different purpose than the Appellant's manual wheelchair. The Appellant's physical therapist testified that the Appellant's manual wheelchair is designed for self-propulsion and while it meets some of his needs, the Appellant has other needs which the adaptive stroller would do a better job of meeting.

The record was held open until April 8, 2026, for the Appellant's representative to submit a letter of clinical support from the Appellant's psychiatrist and until April 15, 2026, for MassHealth's review and response. Exhibit 6.

[redacted] provided the following letter dated March 26, 2026:

> [Appellant] is a child with highly complex developmental, behavioral, and medical needs. [Appellant's] diagnoses include Autism Spectrum Disorder, Down syndrome, [redacted]
>
> This letter is written in strong support of the medical necessity of an adaptive stroller for [Appellant], in addition to his existing wheelchair.
>
> [Appellant] has significant self-injurious and dysregulated behaviors. When using his wheelchair, he may engage in 'bucking' and other self-injurious behavior that place him at risk of physical harm and contribute to repeated equipment damage and the need for repairs. These behaviors raise serious concerns regarding both personal safety and the durability and safe functioning of his primary mobility equipment.
>
> [Appellant's] wheelchair remains a necessary and appropriate primary mobility device. However, the adaptive stroller is being requested as a secondary medically necessary device because it serves a distinct and non-duplicative clinical purpose. In [Appellant's] case, the adaptive stroller is not simply an alternative means of transport. Rather, it functions as an important safety, behavioral regulation, and therapeutic support device.
>
> When [Appellant] has utilized an adaptive stroller, there has been a clear and meaningful reduction in self-injurious behavior. This observed clinical benefit is highly significant. The adaptive stroller appears to provide [Appellant] with a level of support, regulation, and behavioral organization that the wheelchair alone does not adequately provide. For this reason, it is medically necessary as part of his care plan.
>
> In my clinical opinion, access to an adaptive stroller is necessary for the following reasons:
>
> 1. Reduction of self-injurious behavior: [Appellant] has demonstrated improved behavioral regulation and reduced self-injury while using the adaptive stroller.
> 2. Promotion of safety: The stroller helps reduce behaviors that may otherwise place [Appellant] at direct risk of injury.
> 3. Preservation of essential equipment: Because [Appellant's] wheelchair is subject to significant strain and repeated breakage related to dysregulated behaviors, the

stroller serves a protective role by reducing overreliance on a single device for purposes it cannot fully meet.

4. Distinct clinical function: The wheelchair and adaptive stroller are not interchangeable. The wheelchair remains essential for baseline mobility and positioning needs, whereas the adaptive stroller provides an important additional therapeutic and safety-related function.
5. Support of participation and care: The adaptive stroller allows [Appellant] to be transported and supported more safely in community and caregiving settings while better maintaining emotional and behavioral regulation.

   I strongly support coverage of an adaptive stroller for [Appellant] as a medically necessary secondary device. Denial on the basis that [Appellant] already has a wheelchair does not, in my view, adequately account for the fact that these two devices address different clinical needs. In this case, the adaptive stroller is necessary not for convenience, but for safety, behavioral stabilization, and prevention of harm.

Exhibit 7 at 1-2.

The MassHealth representative responded that MassHealth would continue to deny the request based on 130 CMR 409.414(B)(3) and 130 CMR 450.204(A)(2). Exhibit 8. The MassHealth representative wrote:

> The original letter of medical necessity, the letter submitted by Dr Munir and Mom's testimony all document that the member's Quickie 2 wheelchair is consistently, currently and will continue to be utilized as the member's primary mobility and positioning device. This equipment has not been replaced and will continue to be medically necessary in all settings. Of note, a wheelchair and/or stroller are not meant for behavioral regulation or as a therapeutic treatment intervention for negative or self- injurious behaviors. Dr Munir's letter states,
>
> ***"Brennan's wheelchair remains a necessary and appropriate primary mobility device.*** **However, the adaptive stroller is being requested as a secondary medically necessary device because it serves a distinct and non-duplicative clinical purpose. In Brennan's case, the adaptive stroller is not simply an alternative means of transport. Rather, it functions as an important safety, behavioral regulation, and therapeutic support device." [emphasis in original]**
>
> MassHealth has provided coverage for equipment that all parties have determined to be medically necessary and appropriate for the member. A second mobility device is not medically necessary and is duplicative.

Id. at 2.

Findings of Fact

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

1. The Appellant is [redacted] years old and a MassHealth Standard member. Exhibits 2 and 4.

2. The Appellant's diagnoses include Autism Spectrum Disorder, Down syndrome, Profound Intellectual Disability, Self-Injurious Behaviors, Feeding difficulties, Hypothyroidism, and Mixed conductive and sensorineural hearing loss. Exhibit 7.

3. The Appellant in non-ambulatory and nonverbal. Testimony and Exhibit 2.

4. As part of a November 19, 2025, evaluation, the Appellant's physical therapist requested prior authorization for an adaptable stroller, specifically the Convaid Cruiser CX16. Exhibits 2 and 5.

5. By notice dated January 28, 2026, MassHealth denied the request. Exhibit 1.

6. The Appellant's representative filed a timely appeal with the Board of Hearings on March 2, 2026. Exhibit 2.

7. In 2023, MassHealth provided the Appellant with a Quickie 2 manual wheelchair. Testimony, Exhibits 1 and 5.

8. I take administrative notice of the letters quoted above in the Summary of Evidence.

Analysis and Conclusions of Law

"MassHealth is a cooperative Federal and State undertaking that provides payment for medical services to eligible individuals and families who are unable to pay for their own medical care." *Shelales v. Dir. of the Office of Medicaid*, 75 Mass. App. Ct. 636, 637 (2009). MassHealth is "a needs-based program aimed at maximizing the use of personal funds for long-term care before relying on public funds. Medicaid is, and always has been, a program to provide basic health coverage to people who do not have sufficient income or resources to provide for themselves." *Id.* at 641.

MassHealth regulations provide:

130 CMR 409.402: Definitions

The following terms used in 130 CMR 409.000 have the meanings given in 130 CMR 409.402 unless the context clearly requires a different meaning. Payment for services defined in 130 CMR 409.402

is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 409.000, 101 CMR 322.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment*, and in 130 CMR 450.000: *Administrative and Billing Regulations*.

. . . .

Accessories – 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.

. . . .

DME – as used in 130 CMR 409.000, DME means the durable medical equipment and medical supplies covered by 130 CMR 409.000.

. . . .

DME Provider – an organization or individual that has enrolled with MassHealth and has signed a provider contract with the MassHealth agency who meets all applicable requirements of 130 CMR 409.404 and 130 CMR 450.000: Administrative and Billing Regulations. DME providers may include providers also enrolled as MassHealth participating oxygen and respiratory therapy equipment and supplies (OXY) providers, orthotic services providers, or prosthetic services providers who meet all program-specific requirements; and MassHealth pharmacy providers eligible to enroll with a DME specialty under 130 CMR 409.404(C), who also meet all applicable requirements of 130 CMR 409.000.

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 409.419(C).

Durable Medical Equipment Manual – provides DME regulations and other guidance issued by the MassHealth agency or its designee.

130 CMR 409.402.

130 CMR 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. All DME must be approved for community use by the federal Food and Drug Administration (FDA). DME that is appropriate for use in the member's home may also be used in the community.

(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).

(C) MassHealth covers the repair of DME, including repairs to medically necessary back-up mobility systems, subject to the requirements of 130 CMR 409.420.

(D) The MassHealth agency pays for a manual wheelchair, including any necessary repairs, as a backup to a power mobility system if the member is not residing in a nursing facility, or the member is residing in a nursing facility and has a written discharge plan, and one of the following conditions applies:

(1) the level of customization of the member's primary power mobility system would preclude the use of substitute rental equipment if the primary power mobility system were removed for repair;
(2) the member requires frequent outings to a destination that is not accessible to a power mobility system (for example, stairs without an elevator); or
(3) it is not possible to fit the primary mobility system in any of the vehicles available to the member for transportation.

(E) The MassHealth agency pays for the replacement of a member's primary mobility system only when the DME provider has obtained prior authorization and

(1) the existing primary mobility system exceeds five years of age or is no longer reliable

as a primary mobility system in all settings in which normal life activities take place;
(2) the cost of repairing or modifying the existing primary mobility system would exceed the value of that system; or
(3) the member's physical condition has changed enough to render the existing mobility system ineffective.

130 CMR 409.413.

130 CMR 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 that is not identified as a covered service in Subchapter 6 of the Durable Medical Equipment Manual, the DME and Oxygen Payment and Coverage Guideline Tool or any other guidance issued by the MassHealth agency;

(D) the repair of any equipment where the cost of the repair is equal to or more than the cost of purchasing a replacement;

(E) routine periodic maintenance, such as testing, cleaning, regulating, and checking of DME that is owned by the member and does not require the specialized knowledge of a trained technician, and which may be performed by a member or member's designee;

(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 (unless permitted by specific MassHealth guidance, pursuant to 130 CMR 409.405(M));

(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 including, but not limited to, ramps, elevators, or stair lifts;

(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, s. 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.

130 CMR 409.414 (emphasis added).

130 CMR 409.416: Requirements for Prescriptions or Letters of Medical Necessity Completed by the Ordering Practitioner

(A) LOMN and Prescriptions. The DME provider must obtain either a prescription or letter of medical necessity (LOMN), or a combination of a prescription and LOMN for the purchase or rental of DME. The prescription, LOMN, or a combination of a prescription and LOMN that meets the requirements of 130 CMR 409.416, must be in writing, signed by the ordering practitioner, and dated prior to the date the claim is submitted to the MassHealth agency. For certain DME that requires a prescription by specified medical professionals, the prescription or LOMN must be signed by such medical professionals. If the DME requires prior authorization, the prescription or LOMN must be dated prior to the date the prior authorization request is submitted to the MassHealth agency.

(B) Required Prescription or LOMN Information. The initial and subsequent prescriptions or the LOMN must contain the following information as applicable with the exception of item (5), which may be provided in additional supporting documentation.

(1) the member's name;
(2) the date of the prescription;
(3) the name and quantity of the prescribed item and the number of refills (if appropriate);
(4) the name, NPI number, and signature of the ordering practitioner and date signed;
(5) medical justification for the item(s) being requested, including diagnosis or ICD-10 code;
(6) the equipment settings, hours to be used per day, options, or additional features, as they

pertain to the equipment;
(7) length of need;
(8) the expected outcome and therapeutic benefit of providing the requested item(s) or treatment, when requested; and
(9) a summary of any previous treatment plan, including outcomes, that was used to treat the diagnosed condition for which the prescribed treatment is being recommended, upon request.

(C) Prescription or LOMN Formats. The MassHealth agency accepts either written prescriptions or letters of medical necessity for DME in the following formats, provided the requirements of 130 CMR 409.416(B) are met.

(1) If the MassHealth agency has published a MassHealth Medical Necessity Review form for specific DME, providers may use the MassHealth Medical Necessity Review form as the prescription and letter of medical necessity specific to the DME being furnished. These forms can be found on the MassHealth website.
(2) If the forms described in 130 CMR 409.416(C)(1) are not used by the DME provider, the MassHealth agency accepts prescriptions and letters of medical necessity written on one of the following, if the form and format include all requirements in 130 CMR 409.416(B); and comply with MassHealth administrative and billing regulations and instructions; and state and federal law and regulations:
(a) the ordering practitioner's prescription pad;
(b) the ordering practitioner's letterhead stationery;
(c) the hospital prescription pad, if the member is being discharged from a hospital;
(d) electronic prescriptions (escripts) that comply with state and federal requirements;
(e) the MassHealth agency's Durable Medical Equipment and Medical Supplies General Prescription and Medical Necessity Review Form (DME-2), unless there is a product-specific Medical Necessity Review form as stated in 130 CMR 409.416(C)(1); or
(f) the Region A Durable Medical Equipment Carrier (DME Medicare Administrative Contractor (MAC)) Certificate of Medical Necessity (CMN) completed in accordance with the instructions established by the Region A DME MAC and in compliance with 130 CMR 409.416(A).
(3) For prescription and letter of medical necessity requirements for members residing in nursing facilities (see 130 CMR 409.416(E)).

(D) Electronic Transmission of Prescriptions. Prescriptions may be transmitted electronically to the DME provider by the member's ordering practitioner in accordance with the MassHealth agency's administrative and billing instructions and applicable state and federal laws.

(E) Documentation for Prescriptions for Members in Nursing Facilities. For members residing in nursing facilities, the prescription is the actual order in the member's medical record. The prescription must include a copy of the current month's order sheet that is signed and dated by the ordering practitioner, a copy of the medical justification from the member's nursing facility

record, and must include any additional documentation necessary to support medical necessity. Additional documentation may include physician progress notes; relevant laboratory or diagnostic test results; nursing, nutrition, or therapy assessments and notes; or wound assessments with pictures done with specialized wound photography.

(F) Refills of DME.

(1) The MassHealth agency may allow payment of refills of DME prescribed up to a maximum of 12 months.

(2) The absence of an indication to refill by the prescriber renders the prescription nonrefillable.

(3) The MassHealth agency does not pay for any refill without approval from a member or member's authorized representative, provided at the time the prescription is to be refilled. The possession by a provider of a prescription with remaining refills does not constitute approval from the member to refill the prescription.

(4) The DME provider must keep records of all member or authorized representative approval of refills in accordance with 130 CMR 409.430(L).

130 CMR 409.416.

130 CMR 409.417: Medical Necessity Criteria

(A) All DME covered by MassHealth must meet the medical necessity requirements set forth in 130 CMR 409.000 and in 130 CMR 450.204: Medical Necessity, and any applicable medical necessity guidelines for specific DME published on the MassHealth website.

(B) For items covered by MassHealth for which there is no MassHealth item-specific medical necessity guideline, and for which there is a Medicare Local Coverage Determination (LCD) indicating Medicare coverage of the item under at least some circumstances, the provider must demonstrate medical necessity of the item consistent with the Medicare LCD. However, if the provider believes the durable medical equipment is medically necessary even though it does not meet the criteria established by the local coverage determination, the provider must demonstrate medical necessity under 130 CMR 450.204: Medical Necessity.

(C) For an item covered by MassHealth for which there is no MassHealth item-specific medical necessity guideline, and for which there is a Medicare LCD indicating that the item is not covered by Medicare under any circumstance, the provider must demonstrate medical necessity under 130 CMR 450.204: Medical Necessity.

130 CMR 409.417.

130 CMR 450.204: Medical Necessity

The MassHealth agency does 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: 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.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

(E) Any regulatory or contractual exclusion from payment of experimental or unproven services refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

130 CMR 450.204.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007). *See also 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).

Here, MassHealth denied the Appellant's prior authorization request for the Convaid Cruiser CX 16 stroller on the grounds that it was duplicative and therefore not medically necessary. MassHealth provided evidence that it had provided the Appellant with a manual wheelchair within the past five years.

I have carefully considered the evidence and testimony presented by the parties. I am sympathetic to the Appellant's needs and well-being. While I understand that the Appellant and his caretakers have found benefits by using an adaptable stroller in addition to his wheelchair, the Appellant has not shown by a preponderance of the evidence that the stroller is medically necessary, and not duplicative of his existing wheelchair, under 130 CMR 409.414(B)(3). *See also* 130 CMR 450.204(A)(2). The parties agree that the manual wheelchair serves as the Appellant's primary mobility device. Exhibits 2, 5, 7, and 8. I am also persuaded by MassHealth's statement that "a wheelchair and/or stroller are not meant for behavioral regulation or as a therapeutic treatment intervention for negative or self-injurious behaviors." Exhibit 8 at 2. Accordingly, 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.

Emily T. Sabo, Esq.
Hearing Officer
Board of Hearings

[redacted]

cc: MassHealth Representative: Optum