

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505935
<b>Decision Date:</b>	6/30/2025	<b>Hearing Date:</b>	05/23/2025
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*Via Teams Videoconference:*



**Appearances for CCA:**  
*Via Teams Videoconference:*  
Jeremiah Mancuso, RN, Clinical Mgr. for  
Appeals & Grievances  
Cassandra Horne, Operations Mgr. for Appeals  
& Grievances



*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>	ICO; Denial of Internal Appeal
<b>Decision Date:</b>	6/30/2025	<b>Hearing Date:</b>	05/23/2025
<b>CCA's Reps.:</b>	Cassandra Horne; Jeremiah Mancuso	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South, 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 March 26, 2025, Commonwealth Care Alliance (CCA), a MassHealth-contracted Integrated Care Organization (ICO), notified the appellant that it denied her Level 1 appeal regarding her prior authorization request for massage therapy because she has already reached the benefit limit for massage therapy (Exhibit 1). The appellant filed this external appeal of a final decision of an ICO in a timely manner on April 14, 2025 (130 CMR 610.018; Exhibit 2). An ICO's decision to deny authorization of a requested service is grounds for appeal. 130 CMR 610.032(B).

### Action Taken by Commonwealth Care Alliance

The MassHealth-contracted ICO, CCA, denied the appellant's prior authorization request for massage therapy.

### Issue

The appeal issue is whether CCA was correct in denying the appellant's prior authorization request

for massage therapy.

## Summary of Evidence

All parties appeared at hearing via Teams Videoconference. The CCA representatives testified as follows: the appellant, who is a MassHealth member under the age of 65, has been enrolled in CCA's One Care program since September 1, 2014. On February 17, 2025, the appellant's provider submitted a prior authorization request for twelve units of massage therapy. Exhibit 5 at 22. On February 26, 2025, CCA partially approved the request for four units of massage therapy. *Id.* Effective January 1, 2025, pursuant to the 2025 Member Handbook Benefits Chart, CCA set a benefit limit of twelve massage visits per calendar year. Ex. 6 at 104. There are no exceptions to the maximum twelve visits per calendar year. Massage therapy is not a covered service under the MassHealth regulations but is an added benefit that CCA provides. Previously, CCA did not set a limit to massage therapy as long as the member met medical necessity guidelines. CCA's Massage Therapy Medical Necessity Guidelines were last updated December 12, 2024 to reflect this change. Ex. 7 at 1. The Guidelines clearly state that "Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year." *Id.* at 2. Furthermore, the 2025 Member Handbook, and the Benefits Chart it contains, define the benefits that CAA members have. The Benefits Chart also clearly limits therapeutic massage to twelve visits, noting that prior authorization is needed. Ex. 6 at 104. At the time of the request, the appellant's provider had already billed for eight visits. Ex. 5 at 1. Thus, with the benefit limitation of twelve visits per calendar year, CCA could only approve the appellant for four more. *Id.*

On March 3, 2025, CCA received a Level 1 appeal which it reviewed and then denied on March 14, 2025. A denial of the Level 1 appeal was sent to the appellant on March 26, 2025, and is the notice under appeal. Ex. 1. As of hearing, the appellant's provider has already billed for twelve massage therapy visits since January 1, 2025, which is the massage therapy visit limit.

The appellant testified that she has Ehlers-Danlos Syndrome (EDS), a connective tissue disorder, and massage therapy is not a luxury but a medical necessity. It helps manage her chronic pain, joint instability, and muscle tension. Without sufficient therapy, her symptoms worsen significantly, increasing her need for opioid medications and reducing her mobility. Steroid injections are not an option due to adverse reactions and she has already undergone two back surgeries. EDS makes any further surgery particularly high-risk and undesirable. Physical therapy can cause more damage than good with EDS. Thus, massage therapy remains one of the few effective treatments available to help manage her pain and maintain mobility. Additionally, she has severe depression which is treatment resistant. The previous year, CCA covered thirty-six massage therapy visits, but this new limit was very sudden and has left her with an unexpected financial burden as she has already received some of the treatment that has been denied coverage.

## Findings of Fact

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

1. The appellant, who is a MassHealth member under the age of 65, has been enrolled in CCA's One Care program since September 1, 2014.
2. On February 17, 2025, the appellant's provider submitted a prior authorization request for twelve units of massage therapy.
3. On February 26, 2025, CCA partially approved the request for four units of massage therapy.
4. There was a Level 1 appeal which was denied through a notice dated March 26, 2025.
5. On April 14, 2025, the appellant timely appealed the Level 1 denial.
6. Effective January 1, 2025, a CCA member is limited to twelve massage therapy visits per calendar year.
7. The appellant's provider has already billed for twelve massage therapy visits since January 1, 2025.
8. The appellant has Ehlers-Danlos Syndrome and uses massage therapy to help manage her condition.

## Analysis and Conclusions of Law

As a MassHealth ICO, CCA

will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports.

(130 CMR 508.007(C)).

CCA is "responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services." (130 CMR 450.105(A)(7); 130 CMR 450.105(E)(6)). Whenever an ICO makes a coverage decision, it must provide notice to the affected member. 130 CMR

508.011. An ICO has 30 days to resolve any internal appeals, and the member then has 120 days to request a fair hearing from the Board of Hearings. See 130 CMR 508.012; 130 CMR 610.015(B)(7). As an ICO, CCA can provide more to members than MassHealth allows, but not less. Massage therapy is not a covered service by MassHealth; however, effective January 1, 2025, CCA will cover up to twelve massage therapy visits per calendar year.

The appellant has the burden of proof "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

MassHealth regulations do not authorize coverage for massage therapy. As an added benefit, CCA, pursuant to its Member Handbook, authorizes a maximum of twelve massage therapy visits per calendar year. CCA's Massage Therapy Medical Necessity Guidelines also clearly indicate that massage therapy is limited to twelve per calendar year. The appellant has already reached that benefit limitation. While the appellant's testimony was credible, she has not met her burden of proof by a preponderance of the evidence that CCA's determination was incorrect.

Accordingly, CCA's denial was consistent with its guidelines and MassHealth regulations. There is nothing in the MassHealth regulations that allows for a different result. For these reasons, the decision made by CCA was correct and 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108