

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509607
Decision Date:	10/17/2025	Hearing Date:	09/03/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	10/03/2025

Appearance for Appellant:



**Appearance for Commonwealth Care Alliance
(CCA):**
Cassandra Horne



*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:	Integrated Care Organization – Denial Level 1 Appeal
Decision Date:	10/17/2025	Hearing Date:	09/03/2025
Commonwealth Care Alliance’s Rep.:	Cassandra Horne	Appellant’s Rep.:	██████
Hearing Location:	All Parties Appeared by Telephone		

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 June 30, 2025, Commonwealth Care Alliance, (CCA), a MassHealth-contracted Integrated Care Organization (ICO), denied a Level 1 Appeal regarding 12 additional visits of massage therapy. The reason for the denial was because the appellant already received authorization for 12 massage visits in 2025 and the CCA OneCare Plan for 2025 only allows 12 massage visits per calendar year. (Exhibit 1).

The appellant filed a request for hearing on June 26, 2025. (130 CMR 610.018; Exhibit 2). On June 27, 2025, the Board of Hearings dismissed the appeal as they did not receive a copy of the notice that prompted the appeal so did not have sufficient reason for the appeal. (130 CMR 610.034; 130 CMR 610.035; Exhibit 3). On July 23, 2025, the Board of Hearings received a signed request for hearing and copy of the notice on appeal. (Exhibit 1; Exhibit 4). On August 5, 2025, the Board of Hearings vacated the dismissal and scheduled a hearing for September 3, 2025. (130 CMR 610.048(C); Exhibit 5). At the request of the parties, the record was held open until October 3, 2025. (Exhibit 8).

A decision of an ICO to “deny or provide limited authorization of a requested service, including the type or level of service, including determinations based on the type or level of service,

requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit” is valid grounds for appeal. (130 CMR 610.032(B)).

Action Taken by the Integrated Care Organization

The MassHealth-contracted Integrated Care Organization, Commonwealth Care Alliance (CCA), denied the appellant’s prior authorization request for 12 additional visits of massage therapy. (130 CMR 508.007).

Issue

Whether Commonwealth Care Alliance (CCA) was correct in denying the appellant’s prior authorization request.

Summary of Evidence

All parties appeared by telephone. Documents from Commonwealth Care Alliance (CCA) are incorporated into the hearing record as Exhibit 6. Documents from the appellant are incorporated into the hearing record as Exhibit 7.

Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO) received a prior authorization request for 12 additional visits of massage therapy. At the time of the request in June 2025, the appellant had authorization for 12 visits and attended 11 visits. The CCA One Care Plan for 2025 allows 12 massage visits each calendar year. CCA noted in their denial that there are no exceptions to this rule so they cannot approve more visits. This rule is listed in the CCA ICO member handbook, chapter 4, page 104.

As an ICO, CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services. As an ICO, CCA can provide more to members than MassHealth allows, but not less. MassHealth does not cover massage therapy, making massage therapy an added benefit that CCA provides to members.

In January 2025, CCA updated their guidelines to reflect a change in limiting authorization to 12 visits each calendar year. Previously, CCA did not set a limit to massage therapy as long as the member met medical necessity guidelines. The current guidelines clearly state that “Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year.” (CCA Member Handbook). The 2025 Benefits Chart defines the benefits that CCA members have. The Benefits Chart also clearly limits therapeutic massage to 12 visits, noting that prior authorization is necessary for treatment beyond 1 visit.

The appellant filed a request for a standard 30-day appeal with CCA. (Testimony; Exhibit 6). On June 30, 2025, CCA issued a notice denying the Level 1 appeal. (Testimony; Exhibit 1; Exhibit 6).

The CCA representative testified that CCA cannot make exceptions to the guidelines that only allow authorization for up to 12 visits each calendar year. The CCA representative confirmed at hearing that massage therapy is an added benefit that CCA covers for members and is not covered by MassHealth.

The appellant testified that the treatment was medically necessary as it is an effective treatment for her medical condition. The appellant presented documents including the first page of a 2018 decision by the Social Security Administration stating that the appellant has the following severe impairments: [REDACTED]; migraine headache with vision component; chronic pain syndrome; and adjustment disorder. (Exhibit 7). The appellant presented a document with links to websites that discuss [REDACTED]. The summary presented by the appellant states that massage therapy can be a beneficial complementary treatment to help relieve pain and muscle spasms. (Exhibit 7).

The appellant also presented a letter from her provider stating that she is taking medications for chronic migraines. (Exhibit 7). The letter also states that the appellant has had several treatments for [REDACTED] but has stopped them because she has found her current therapy to be more effective. (Exhibit 7). This therapy includes: weekly chiropractic manipulation; acupuncture; weekly massage; and physical therapy with ultrasound of soft tissue. (Exhibit 7). The letter from the provider states that therapy has provided significant benefits to the appellant in terms of pain and range of motion and led to improvement in quality of life. (Exhibit 7). The letter states that the weekly massages have helped with pharyngeal symptoms of coughing and gagging. (Exhibit 7). The provider states that “all of these treatments should be considered medically necessary and sustained to help the appellant maintain function. (Exhibit 7).

The CCA representative responded that the issue is not about the appellant’s condition. CCA does not deny that the appellant has such diagnoses, but the plan only covers 12 massage therapy visits each calendar year.

During the hearing, the appellant noted that the decision made by CCA was not that of a neurologist and the condition she was presenting was a neurological condition so felt that CCA should have had a neurologist review the case. The record was held open to provide CCA with the opportunity to have such a review performed and the appellant to respond. (Exhibit 8). CCA did not initially submit a response; the appellant did provide a response; CCA was given the opportunity to present additional information; and the appellant had the opportunity to review and respond to CCA’s submission. Documents presented by CCA are incorporated into the hearing record as Exhibit 9. Documents presented by the appellant are incorporated into the hearing record as Exhibit 10.

CCA submitted a case report from a neurologist stating that the appellant’s request for more than 12 massage therapy visits does not meet the criteria for the authorization of such services as the plan limits the number of massage therapy visits to 12 per calendar year. (Exhibit 9).

The neurologist states that there are no extenuating circumstances present in the appellant's diagnoses to otherwise support a medical exception. (Exhibit 9). The neurologist states that there are other treatment modalities available for the management of the member's condition that should otherwise be utilized. (Exhibit 9).

The appellant's initial and subsequent submissions contain documents that were already incorporated into the hearing record or referred to the parties at hearing. In her submission, the appellant argues that CCA's member handbook permits coverage for therapeutic massage therapies beyond the initial visits when there is "objective improvement". (Exhibit 10). The appellant argues that CCA's decision to deny the appellant additional treatments is a direct violation of their policy. (Exhibit 10).

The CCA Medical Necessity Guidelines presented by both parties provide an overview of the benefits of massage therapy. The documentation presented by the appellant does not include language from the entire document. (Exhibit 10). The appellant selected certain language from the Guidelines to include in her submission. (Exhibit 10). The language presented by both parties specifically states that CCA may cover "up to 12 massage therapy visits" for requests beyond the initial number of visits authorized when certain criteria are met. (Exhibit 10). The full copy of the Medical Necessity Guidelines state that "massage therapy for acute and chronic conditions averages 1-3 visits per week for 2-12 weeks". (Exhibit 6; Exhibit 9). The appellant appears to read the guidelines as stating that "requests beyond initial number of visits" does not limit the entire number of visits. (Exhibit 10). Instead, the appellant argues that CCA's representatives and physicians are not reading their own policy guidelines correctly and CCA can authorize more than 12 visits each calendar year. (Exhibit 10). The appellant also questioned the expertise of the neurologist who reviewed the case stating that he was a general neurologist whose subspecialties are not relevant to her complex disability and her neurologist is a movement disorder specialist who focuses specifically on conditions like dystonia. (Exhibit 10). The appellant also argues that the neurologist who performed the review from CCA made decisions without knowledge of her specific condition and refers to her "medical records" which she has not included as part of the hearing record. (Exhibit 10).

Findings of Fact

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

1. Commonwealth Care Alliance (CCA) received a prior authorization request for 12 additional visits of massage therapy.
2. At the time of the request in June 2025, the appellant had authorization for 12 visits and attended 11 visits.
3. The CCA One Care Plan for 2025 allows 12 massage visits each calendar year.

4. In 2018, the Social Security Administration deemed the appellant disabled noting that the appellant has the following severe impairments: [REDACTED] [REDACTED] [REDACTED] migraine headache with vision component; chronic pain syndrome; and adjustment disorder.
5. The appellant takes medications for chronic migraines.
6. The appellant has had several treatments for [REDACTED].
7. The appellant stopped these treatments as she found that her current therapy to be more effective.
8. The appellant's current therapy includes: weekly chiropractic manipulation; acupuncture; weekly massage; and physical therapy with ultrasound of soft tissue.

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. (130 CMR 508.007). 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).

CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services. (130 CMR 450.105). As an ICO, CCA can provide more to members than MassHealth allows but not less. MassHealth does not cover massage therapy. (130 CMR 450.105).

CCA covers massage therapy with certain limitations including not more than 12 visits for each calendar year. CCA already approved 12 visits for the 2025 calendar year for the appellant. Any additional visits are not covered by CCA. The appellant incorrectly reads the CCA guidelines. The guidelines specifically state that "a member is limited to 12 massage therapy visits per calendar year". While the guidelines state that for requests beyond the initial number of visits authorized, certain criteria must be met, these requests are for treatments up to 12 visits per calendar year. The guidelines state that massage therapy for acute and chronic conditions averages 1-3 visits per week for 2-12 weeks. This is somewhat consistent with the guidelines allowing for 12 treatments each year. While the appellant may feel that she requires additional treatments, they are not covered by CCA.

The decision made by the ICO was correct.

This appeal is denied.

Order for the ICO

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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