

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516522
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	12/09/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for CCA:**  
Cassandra Horne, Appeals and Grievances  
Manager



*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>	CCA – Denial of Internal Appeal
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	12/09/2025
<b>CCA’s Rep.:</b>	Cassandra Horne	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South Telephonic		

## 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 8/28/25, Commonwealth Care Alliance (CCA), an integrated care organization (ICO), denied the appellant’s Level 1 appeal for massage therapy because the request exceeded the benefit limit. (Exhibit 1). The appellant filed this appeal in a timely manner on 11/10/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by CCA

CCA denied the appellant’s prior authorization request for massage therapy because the request exceeded the benefit limit.

## Issue

The appeal issue is whether CCA was correct in denying the appellant’s prior authorization request for massage therapy because the request exceeded the benefit limit.

## Summary of Evidence

The CCA representative testified that the appellant, who is between 21 and 64 years of age, is enrolled in an ICO [REDACTED] plan through CCA. A prior authorization request for services on behalf of the appellant was received on 7/18/2025. The CCA representative testified that a Notice of Denial of Medical Coverage was sent to the appellant on 7/26/2025. The CCA representative testified that therapeutic massage services were denied because the request exceeded the benefit limit. The CCA representative testified that the appellant submitted a Level 1 appeal request on 8/14/2025. The CCA representative testified that CCA reviewed and denied the appeal on 8/28/2025 because the appellant did not qualify for coverage based on the [REDACTED] Member Handbook, Chapter 4 "Benefits Chart," which states "Therapeutic Massage: limited to 12 visits." (Exhibit 5, p. 104). The CCA representative testified that the appellant has already been approved for the maximum benefit of 12 visits per calendar year; therefore, he is not eligible for further massage therapy visits for calendar year 2025. The CCA representative testified that the Massage Therapy Medical Necessity Guidelines notes that "Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year." (Exhibit 5, p. 21). The CCA representative testified that the appellant had a prior authorization approved on 1/19/25 for 12 visits that covered the dates of service from 1/1/25 to 5/1/25.

The appellant testified that the Member Handbook is unclear, and it appears that more than 12 visits may be approved with additional documentation.

The 7/26/25 denial notice states that "Benefit Changes as of January 01, 2025, Senior Care Options (SCO) [REDACTED]: • Massage therapy will be limited to 12 sessions per year; PA is required." (Exhibit 5, p. 10).

## Findings of Fact

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

1. The appellant is between 21 and 64 years of age and is enrolled in an ICO [REDACTED] plan through CCA.
2. On 7/18/2025, a prior authorization request for therapeutic massage services on behalf of the appellant was received by CCA.
3. On 7/26/2025, a Notice of Denial of Medical Coverage was sent to the appellant.
4. The services were denied because the request exceeded the benefit limit.
5. On 8/14/2025, the appellant submitted a Level 1 appeal request to CCA.

6. On 8/28/2025, CCA reviewed and denied the appeal because the appellant did not qualify for coverage based on the CCA [REDACTED] Member Handbook, Chapter 4 “Benefits Chart,” which states “Therapeutic Massage: limited to 12 visits.” (Exhibit 5, p. 104).
7. The appellant was already approved for the maximum benefit of 12 visits per calendar year; therefore, he is not eligible for further massage therapy visits for calendar year 2025.
8. The Massage Therapy Medical Necessity Guidelines notes that “Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year.” (Exhibit 5, p. 21).
9. The appellant had a prior authorization approved on 1/19/25 for 12 visits that covered the dates of service from 1/1/25 to 5/1/25.
10. The 7/26/25 denial notice states that “Benefit Changes as of January 01, 2025, Senior Care Options (SCO) & [REDACTED]: • Massage therapy will be limited to 12 sessions per year; PA is required.” (Exhibit 5, p. 10).

## Analysis and Conclusions of Law

In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): MassHealth Standard or MassHealth CommonHealth as defined in 130 CMR 450.105(E): MassHealth CommonHealth;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: Definition of Terms; and
- (d) live in a designated service area of an ICO. (130 CMR 508.007(A)(1)).

The appellant meets the requirements to enroll in an ICO. (130 CMR 508.007).

When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. (130 CMR 508.007(C)). 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). As an ICO, CCA can provide more to members than MassHealth allows, but not less.

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)).

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 MassHealth. (130 CMR 450.204(A)).

The CCA ██████ Member Handbook, Chapter 4 "Benefits Chart," states "Therapeutic Massage: limited to 12 visits." Additionally, the Medical Necessity Guidelines for Therapeutic Massage state, "Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year."

CCA benefit coverage for health services is determined by the appellant's specific benefit plan documents and the Medical Necessity Guidelines. The Member Handbook and the Medical Necessity Guidelines for Therapeutic Massage both state that there is a benefit limit of 12 visits per year. CCA was correct in denying the Prior Authorization because the request exceeded the benefit limit. This appeal is **denied**.

## Order for CCA

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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Christine Therrien  
Hearing Officer  
Board of Hearings

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