

# Covered Services List

## for Primary Care ACO and PCC Plan Members with MassHealth Family Assistance Coverage

This is a list of covered services and benefits for MassHealth Family Assistance members enrolled in a Primary Care Accountable Care Organization (ACO) or the Primary Care Clinician (PCC) Plan. All services and benefits are covered directly by MassHealth, except for behavioral health services, which are covered by the MassHealth behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).

You can call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) for more information about services and benefits or to ask questions.

- For questions about behavioral health services, please call the MBHP at 1-800-495-0086 (TTY: 617-790-4130 for people who are deaf, hard of hearing, or speech disabled).
- For more information about pharmacy services, go to the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).
- For questions about dental services, please call 1-800-207-5019 (TTY: 1-800-466-7566 for people who are deaf, hard of hearing, or speech disabled) or go to [www.masshealth-dental.net](http://www.masshealth-dental.net)

A “Yes” in either the “Prior authorization required for some or all of the services?” or the “Referral required for some or all of the services?” column means that advance authorization or a referral from a primary care clinician (PCC) or primary care provider (PCP), or both an authorization and referral, are required for some or all of the services in the category. If a referral is required, the referral must come from your PCC or PCP. There is more information about prior authorizations and referrals in your member handbook.

Please keep in mind that MassHealth services and benefits change from time to time. This Covered Services List is for your general information only. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- go to MassHealth’s website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Emergency Services</b>		
<b>Emergency Transportation Services</b> —ambulance (air and land) transport that generally is not scheduled, but is needed on an emergency basis. This includes specialty care transport (that is, an ambulance transport of a critically injured or ill enrollee from one facility to another, requiring care beyond the scope of a paramedic).	No	No
<b>Emergency Inpatient and Outpatient Hospital Services</b>	No	No
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No
<b>Acute Inpatient Hospital Services</b> For MassHealth members aged 21 years and older, this benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding administratively necessary days (ANDs) and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospital, or in a rehabilitation unit within a DPH-licensed acute hospital.	Yes	Yes
<b>Ambulatory Surgery Services</b> —outpatient surgical, related diagnostic, medical, and dental services	Yes	Yes
<b>Audiologist (Hearing) Services</b>	No	Yes
<b>Chiropractor Services</b>	No	Yes
<b>Chronic Disease and Rehabilitation Inpatient Hospital Services<sup>1</sup></b>	Yes	No
<b>Community Health Center Services.</b> For example: <ul style="list-style-type: none"> <li>• Specialty office visits</li> <li>• OB/GYN (other than prenatal care and annual gynecological exams)</li> <li>• Pediatric services, including preventive pediatric health care screening and diagnosis (PPHSD) services</li> <li>• Medical social services</li> <li>• Nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• Health education</li> <li>• Vaccines/immunizations not covered (HEP A and B)</li> </ul>	Yes	Yes
<b>Dental Services</b>		
• Emergency-related treatment for dental pain and infection	No	No
• Oral surgery performed in an outpatient hospital or ambulatory surgery setting that is medically necessary to treat an underlying medical condition	Yes	No
• Preventive, restorative, and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults	No	No
<b>Dialysis Services</b>	Yes	Yes
<b>Durable Medical Equipment (DME)</b> —including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
<b>Early Intervention Services</b>	No	Yes
<b>Family Planning Services</b>	No	No
<b>Hearing Aid Services</b>	Yes	Yes
<b>Home Health Services</b>	Yes	Yes
<b>Hospice Services<sup>2</sup></b>	Yes	No
<b>Infertility</b> —diagnosis of infertility and treatment of underlying medical condition	Yes	Yes
<b>Intensive Early Intervention Services</b> —provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder	Yes	Yes
<b>Laboratory Services</b> —all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health	Yes	Yes
<b>Orthotic Services</b> —braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	Yes
<b>Outpatient Hospital Services</b> —services provided at an outpatient hospital. For example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical, and dental services</li> <li>• Specialty office visits</li> <li>• OB/GYN (other than prenatal care &amp; annual gynecological exams)</li> <li>• Therapy services (physical, occupational, and speech)</li> <li>• Diabetes self-management training</li> <li>• Medical nutritional therapy</li> </ul>	Yes	Yes
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Primary Care (provided by member’s PCC or PCP)</b> For example: <ul style="list-style-type: none"> <li>• Primary care office visit</li> <li>• Fluoride varnish to prevent tooth decay in children up to age 21</li> <li>• Tobacco-cessation counseling services</li> <li>• Diabetes self-management training</li> <li>• Annual gynecological exams</li> <li>• Prenatal care</li> </ul>	No	No

<sup>1</sup> When you enter a chronic disease and rehabilitation inpatient hospital, you will be transferred from your Primary Care ACO plan or the PCC Plan to receive services from MassHealth on a fee-for-service basis.  
<sup>2</sup> When you elect hospice services, you will be transferred from your Primary Care ACO plan or the PCC Plan to receive services related to your illness from your hospice service provider and from MassHealth on a fee-for-service basis.

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MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Medical Services</b> <i>(continued)</i>		
<b>Specialist Physician, Nurse Practitioner, and Nurse Midwife Services.</b> For example: <ul style="list-style-type: none"> <li>Specialty office visits</li> <li>Medical nutritional therapy</li> <li>OB/GYN visits (other than prenatal care and annual gynecological exam)</li> </ul>	No	Yes
<b>Podiatrist Services (Foot Care)</b>	No	Yes
<b>Prosthetic Services</b>	Yes	Yes
<b>Radiology and Diagnostic Services.</b> For example: <ul style="list-style-type: none"> <li>X rays</li> <li>Magnetic resonance imagery (MRI) and other imaging studies</li> <li>Radiation oncology services</li> </ul>	Yes	Yes
<b>Therapy Services.</b> For example: <ul style="list-style-type: none"> <li>Occupational therapy</li> <li>Physical therapy</li> <li>Speech/language therapy</li> </ul>	No	Yes
<b>Vision Care.</b> For example: <ul style="list-style-type: none"> <li>Comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary</li> <li>Vision training</li> <li>Ocular prosthesis</li> <li>Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>Bandage lenses</li> <li>Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>	Yes	Yes
<b>Wigs</b> —As prescribed by a physician related to a medical condition	Yes	No
<b>Pharmacy Services (Medication)—see copayment information at the end of this section</b>		
<b>Prescription Drugs</b>	Yes	No
<b>Over-the-Counter Medicines</b>	No	No
<b>Behavioral Health (Mental Health and Substance Use Disorder) Services</b>		
Behavioral health services are paid for and provided by MassHealth's behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).		
<b>Non-24-Hour Diversionary Services.</b> For example: <ul style="list-style-type: none"> <li>Community Support Programs (CSP)</li> <li>Structured Outpatient Addiction Program (SOAP)</li> <li>Psychiatric Day Treatment</li> <li>Partial Hospitalization Program (PHP)</li> <li>Intensive Outpatient Program (IOP)</li> </ul>	No	No
<b>24-Hour Diversionary Services.</b> For example: <ul style="list-style-type: none"> <li>Acute Treatment Services (ATS) for substance use disorders (Level III.7)</li> <li>Clinical Stabilization Services (CSS) for substance use disorders (Level III.5)</li> <li>Community Crisis Stabilization (CCS)</li> <li>Transitional care unit</li> </ul>	No	No
<b>Community-based Acute Treatment for Children and Adolescents (CBAT)</b>	Yes	No
<b>Emergency Services Program (ESP) Services.</b> For example: <ul style="list-style-type: none"> <li>Crisis assessment, intervention, and stabilization</li> <li>Mobile Crisis Intervention (MCI) for children under 21 years</li> </ul>	No	No
<b>Inpatient Services.</b> For example: <ul style="list-style-type: none"> <li>Inpatient mental health services</li> <li>Inpatient substance use disorder services (Level IV)</li> <li>Inpatient mental health services for individuals with intellectual disabilities (IDs)</li> <li>Observation/holding beds</li> </ul>	Yes	No
<b>Outpatient Services.</b> For example: <ul style="list-style-type: none"> <li>Individual, group, and family counseling</li> <li>Family and case consultations</li> <li>Electroconvulsive therapy (ECT)</li> <li>Medication visits</li> <li>Diagnostic evaluations</li> <li>Psychological testing</li> <li>Narcotic-treatment services (including acupuncture and ambulatory detoxification)</li> </ul>	No	No
<b>Children's Behavioral Health Initiative (CBHI) Services.</b> For example: <ul style="list-style-type: none"> <li>Intensive Care Coordination (ICC)</li> <li>Family Support and Training (FS&amp;T)</li> <li>In-Home Behavioral Services (IHBS)</li> <li>Therapeutic Mentoring (TM) services</li> <li>In-Home Therapy (IHT) services</li> </ul>	No	No
<b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>		
<b>Screening Services</b> Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization-status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your member handbook. In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.	No	No

### Copayments

Most members who are aged 19 or older must pay the following copayments:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics;
- \$3.65 for each prescription and refill for all other generic and over-the-counter drugs, and all brand-name drugs covered by MassHealth; and
- \$3 for certain inpatient hospital stays.

### Members who do NOT have copayments

These members do not have any copayments:

- members younger than 21 years old;
- members who are pregnant or in the postpartum period that extends through the last day of the second calendar month following the month in which their pregnancy ends (for example, if the woman gave birth May 15, she is exempt from the copayment requirement until August 1);
- members who are inpatients in nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded or who are admitted to a hospital from such a facility or hospital;
- members receiving hospice services;
- members who are American Indians or Alaska Natives who are currently receiving or have ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law.

In addition, members do not have to pay copayments for family-planning supplies (birth control), family-planning services and supplies; nonpharmacy behavioral health services; and emergency services.

### Copayment cap

Members are responsible for the copayments described on the left, up to the following maximums:

- \$250 for pharmacy services per calendar year;
- \$36 for nonpharmacy services per calendar year; and
- five percent of the member's MAGI income of the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable, in a given calendar quarter, including both copayments and any applicable premium payments.

### Excluded services

Except as otherwise noted or determined medically necessary, the following services are not covered under MassHealth.

- Cosmetic surgery, except as determined by MassHealth to be necessary for:
  - correction or repair of damage following injury or illness;
  - mammoplasty following a mastectomy; or
  - any other medical necessity as determined by MassHealth
- Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- Personal comfort items including air conditioners, radios, telephones, and televisions
- A service or supply that is not provided by or at the direction of MassHealth, except for:
  - emergency services
  - family planning services
- Noncovered laboratory services

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