

# Covered Services List

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

This is a list of covered services and benefits for MassHealth CarePlus 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 (800) 841-2900 or TTY at (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 (800) 495-0086 or TTY at (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 (800) 207-5019 or TTY at (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 (800) 841-2900 or TTY at (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 CarePlus 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>Acupuncture Treatment</b> —for pain relief or anesthesia	No	Yes
<b>Acute Inpatient Hospital Services</b> This benefit is limited to acute hospital inpatient services of up to 20 days per admission. This limitation excludes 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	No
<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: • Specialty office visit • OB/GYN (other than prenatal care and annual gynecological exams) • Health education • Pediatric services, including EPSDT • Medical social services • Vaccines/immunizations not covered (HEP A and B) • Nutrition services, including diabetes self-management training and medical nutrition therapy	No	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 adults	No	No
<b>Dialysis Services</b>	No	No
<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>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>Laboratory Services</b> —all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health	Yes	No
<b>Nursing Facility Services<sup>3</sup></b>	Yes	No
<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.	Yes	Yes
<b>Outpatient Hospital Services</b> —services provided at an outpatient hospital. For example: • Outpatient surgical and related diagnostic, medical, and dental services • Specialty office visits • OB/GYN (other than prenatal care and annual gynecological exam) • Medical nutritional therapy • Therapy services (physical, occupational, and speech) • Diabetes self-management training	Yes	Yes
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Primary Care (provided by member’s PCC or PCP).</b> For example: • Primary care office visit • Fluoride varnish to prevent tooth decay in children up to age 21 • Prenatal Care • Annual gynecological exams • Diabetes self-management training • Tobacco-cessation counseling services	No	No

<sup>1</sup> For PCC Plan members: When you enter a chronic disease and rehabilitation hospital, you will be transferred from the PCC Plan to receive services from MassHealth on a fee-for service basis. For Primary Care ACO members: When you enter a chronic disease and rehabilitation hospital, you will be transferred from your plan after 100 days 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.

<sup>3</sup> For PCC Plan members: When you enter a nursing facility you will be transferred from the PCC Plan to receive services from MassHealth on a fee-for service basis. For Primary Care ACO members: When you enter a nursing facility, you will be transferred from your plan after 100 days to receive services from MassHealth on a fee-for service basis.

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MassHealth CarePlus 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: • Specialty office visits • Medical nutritional therapy • OB/GYN visits (other than prenatal care and annual gynecological exam)	No	Yes
<b>Podiatrist Services (Foot Care)</b>	No	Yes
<b>Prosthetic Services</b>	Yes	Yes
<b>Radiology and Diagnostic Services.</b> For example: • X rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services	Yes	Yes
<b>Therapy Services.</b> For example: • Occupational therapy • Physical therapy • Speech/language therapy	No	Yes
<b>Transportation Services (Nonemergency)</b>		
• Nonemergency transportation by land ambulance, chair car, taxi, and common carriers that generally are prearranged to transport an enrollee to and from covered medical care in Massachusetts or within 50 miles	Yes	No
<b>Vision Care.</b> For example:		
• Bandage lenses • Comprehensive eye exams every 24 months and whenever medically necessary • Ocular prosthesis • Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Vision training • Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts	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: • Community support programs (CSP) • Structured outpatient addiction program (SOAP) • Psychiatric day treatment • Partial hospitalization program (PHP) • Intensive outpatient program (IOP)	No	No
<b>24-Hour Diversionary Services.</b> For example: • Acute treatment services (ATS) for substance use disorders (Level III.7) • Community crisis stabilization (CCS) • Clinical stabilization services (CSS) for substance use disorders (Level III.5) • Transitional care unit	No	No
<b>Community-based acute treatment for children and adolescents (CBAT)</b>	Yes	No
<b>Emergency Services (Inpatient and Outpatient)</b>	No	No
<b>Emergency Services Program (ESP) Services.</b> For example: Crisis assessment, intervention, and stabilization	No	No
<b>Inpatient Services.</b> For example: • Inpatient mental health services • Inpatient substance use disorder services (Level IV) • Observation/holding beds • Inpatient mental health services for individuals with intellectual disabilities (IDs)	Yes	No
<b>Outpatient Services.</b> For example: • Individual, group, and family counseling • Family and case consultations • Psychological testing • Medication visits • Diagnostic evaluations • Electroconvulsive therapy (ECT) • Narcotic-treatment services (including acupuncture and ambulatory detoxification)	No	No
<b>Transcranial Magnetic Stimulation (rTMS)</b>	Yes	No

### Copayments

Most members 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; and
- \$3.65 for each prescription and refill for all other generic and over-the-counter drugs, and all brand-name drugs covered by MassHealth

The following prescriptions and refills do not have any copayments:

- SUD treatment, such as Medication-Assisted Therapy (MAT) (for example, Suboxone or Vivitrol)
- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used for HIV prevention, and drugs used to prepare for a colonoscopy
- Certain vaccines and their administration
- Family planning supplies
- Products and drugs to help you stop smoking

Prescription drugs are the only benefit that may have copayments.

There are no copayments for other covered services and benefits.

### Members who do NOT have copayments

These members do not have any copayments:

- Members with income at or below 50% of the federal poverty level
- Members who are eligible for MassHealth because they are getting certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. Specified by 130 CMR 506.015 and 130 CMR 520.037
- Members who are under 21 years old
- Members who are pregnant or whose pregnancy has recently ended
- Members who are getting benefits under MassHealth Limited (emergency MassHealth)
- Members with MassHealth Senior Buy-In or MassHealth Standard, and are getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- Members in a long-term care facility
- Members getting hospice services
- Members who were a foster care child and are eligible for MassHealth Standard, until age 21 or 26 (specified by 130 CMR 505.002(H))
- Members who are American Indian or an Alaska Native, or
- Members who are in another exempt category (specified by 130 CMR 506.015 or 130 CMR 520.037).

### Copayment cap

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

- \$250 for pharmacy services per calendar year

Members do not need to pay any more copayments once they have reached their annual pharmacy cap of \$250 for the year. MassHealth will send members a letter when they reach the copayment cap. If the pharmacy tries to charge the member any more copayments that year, the member should show the pharmacy the letter and the pharmacy should not charge the copayment. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center. See contact information below.

### Members who CANNOT pay the copayment

The pharmacy cannot refuse to give members their medicine even if they cannot pay the copayment. However, the pharmacy can bill members later for the copayment. Members must call the MassHealth Customer Service if a pharmacy does not give them the medicine. See contact information below.

### Excluded services

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

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

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