

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 (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.
- 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

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; 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 Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Emergency Services		
Emergency Transportation Services —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
Emergency Inpatient and Outpatient Hospital Services	No	No
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services 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
Ambulatory Surgery Services —outpatient surgical, related diagnostic, medical, and dental services	Yes	Yes
Audiologist (Hearing) Services	No	Yes
Chiropractor Services	No	Yes
Chronic Disease and Rehabilitation Inpatient Hospital Services¹	Yes	No
Community Health Center Services. For example: • Specialty office visits • OB/GYN (other than prenatal care and annual gynecological exams) • Health education • Pediatric services, including preventive pediatric health care screening and diagnosis (PPHSD) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations not covered (HEP A and B)	Yes	Yes
Dental Services		
• 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
Dialysis Services	Yes	Yes
Durable Medical Equipment (DME) —including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
Early Intervention Services	No	Yes
Family Planning Services	No	No
Hearing Aid Services	Yes	Yes
Home Health Services	Yes	Yes
Hospice Services²	Yes	No
Infertility —diagnosis of infertility and treatment of underlying medical condition	Yes	Yes
Intensive Early Intervention Services —provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder	Yes	Yes
Laboratory Services —all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health	Yes	Yes
Orthotic Services —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
Outpatient Hospital Services —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 & annual gynecological exams) • Therapy services (physical, occupational, and speech) • Diabetes self-management training • Medical nutritional therapy	Yes	Yes
Oxygen and Respiratory Therapy Equipment	Yes	No
Primary Care (provided by member’s PCC or PCP) For example: • Primary care office visit • Fluoride varnish to prevent tooth decay in children up to age 21 • Prenatal care • Tobacco-cessation counseling services • Diabetes self-management training • Annual gynecological exams	No	No
Specialist Physician, Nurse Practitioner, and Nurse Midwife Services. For example: • Specialty office visits • Medical nutritional therapy • OB/GYN visits (other than prenatal care and annual gynecological exam)	No	Yes

¹ 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.

² 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?
Medical Services <i>(continued)</i>		
Podiatrist Services (Foot Care)	No	Yes
Prosthetic Services	Yes	Yes
Radiology and Diagnostic Services. For example: • X rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services	Yes	Yes
Therapy Services. For example: • Occupational therapy • Physical therapy • Speech/language therapy	No	Yes
Vision Care. For example:		
• Comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary • Vision training • Ocular prosthesis • Bandage lenses • Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts	Yes	Yes
Wigs —As prescribed by a physician related to a medical condition	Yes	No
Pharmacy Services (Medication)—see copayment information at the end of this section		
Prescription Drugs	Yes	No
Over-the-Counter Medicines	No	No
Behavioral Health (Mental Health and Substance Use Disorder) Services Behavioral health services are paid for and provided by MassHealth’s behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).		
Non-24-Hour Diversionary Services. For example: • Community Support Programs (CSP) • Structured Outpatient Addiction Program (SOAP) • Psychiatric Day Treatment • Partial Hospitalization Program (PHP) • Intensive Outpatient Program (IOP)	No	No
24-Hour Diversionary Services. 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
Community-based Acute Treatment for Children and Adolescents (CBAT)	Yes	No
Emergency Services Program (ESP) Services. For example: • Crisis assessment, intervention, and stabilization • Mobile Crisis Intervention (MCI) for children under 21 years	No	No
Inpatient Services. For example: • Inpatient mental health services • Inpatient substance use disorder services (Level IV) • Inpatient mental health services for individuals with intellectual disabilities (IDs) • Observation/holding beds	Yes	No
Outpatient Services. For example: • Individual, group, and family counseling • Family and case consultations • Electroconvulsive therapy (ECT) • Medication visits • Diagnostic evaluations • Psychological testing • Narcotic-treatment services (including acupuncture and ambulatory detoxification)	No	No
Transcranial Magnetic Stimulation (rTMS)	Yes	No
Children’s Behavioral Health Initiative (CBHI) Services. For example: • Intensive Care Coordination (ICC) • Family Support and Training (FS&T) • In-Home Behavioral Services (IHBS) • Therapeutic Mentoring (TM) services • In-Home Therapy (IHT) services	No	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services		
Screening Services 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

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 Center (see contact information below) if a pharmacy does not give them the medicine.

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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