

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 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.
- 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

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 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 CarePlus 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
Acupuncture Treatment—for pain relief or anesthesia	No	Yes
Acute Inpatient Hospital Services 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
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: <ul style="list-style-type: none"> • Specialty office visit • OB/GYN (other than prenatal care and annual gynecological exams) • Pediatric services, including EPSDT • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Health education • Vaccines/immunizations not covered (HEP A and B) 	No	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 adults	No	No
Dialysis Services	No	No
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
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
Laboratory Services —all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health	Yes	No
Nursing Facility Services³	Yes	No
Orthotic Services —braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	Yes
Outpatient Hospital Services —services provided at an outpatient hospital. For example: <ul style="list-style-type: none"> • Outpatient surgical and related diagnostic, medical, and dental services • Specialty office visits • OB/GYN (other than prenatal care and annual gynecological exam) • Therapy services (physical, occupational, and speech) • Diabetes self-management training • Medical nutritional therapy 	Yes	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.

³ When you enter a nursing facility, 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.

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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?
Medical Services <i>(continued)</i>		
Oxygen and Respiratory Therapy Equipment	Yes	No
Primary Care (provided by member's PCC or PCP). For example: <ul style="list-style-type: none"> Primary care office visit Fluoride varnish to prevent tooth decay in children up to age 21 Prenatal Care 	No	No
Specialist Physician, Nurse Practitioner, and Nurse Midwife Services. For example: <ul style="list-style-type: none"> Specialty office visits Medical nutritional therapy OB/GYN visits (other than prenatal care and annual gynecological exam) 	No	Yes
Podiatrist Services (Foot Care)	No	Yes
Prosthetic Services	Yes	Yes
Radiology and Diagnostic Services. For example: <ul style="list-style-type: none"> X rays Magnetic resonance imagery (MRI) and other imaging studies Radiation oncology services 	Yes	Yes
Therapy Services. For example: <ul style="list-style-type: none"> Occupational therapy Physical therapy Speech/language therapy 	No	Yes
Transportation Services (Nonemergency)		
• 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
Vision Care. For example:		
<ul style="list-style-type: none"> Bandage lenses Comprehensive eye exams every 24 months and whenever medically necessary Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus Ocular prosthesis Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts Vision training 	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Acute treatment services (ATS) for substance use disorders (Level III.7) Clinical stabilization services (CSS) for substance use disorders (Level III.5) Community crisis stabilization (CCS) Transitional care unit 	No	No
Community-based acute treatment for children and adolescents (CBAT)	Yes	No
Emergency Services (Inpatient and Outpatient)	No	No
Emergency Services Program (ESP) Services. For example: Crisis assessment, intervention, and stabilization	No	No
Inpatient Services. For example: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

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;
- \$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 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