

# Covered Services List

## for Primary Care ACO & PCC Plan Members with MassHealth Standard & MassHealth CommonHealth

This is a list of covered services and benefits for MassHealth Standard and MassHealth CommonHealth 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.

- 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 Standard and CommonHealth	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. These include 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—for pain relief or anesthesia</b>	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>Adult Day Health Services</b> —center-based services offered by adult day health providers. • Nursing services and health oversight • Nutritional dietary services • Counseling activities • Assistance with activities of daily living • Care management • Transportation	Yes	Yes
<b>Adult Foster Care Services</b> —residential-based services offered by adult foster care providers. • Assistance with activities of daily living, instrumental activities of daily living, and personal care • Nursing oversight	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: • Specialty office visits • Nutrition services, including diabetes self-management training and medical nutrition therapy • OB/GYN (other than prenatal care and annual gynecological exams) • Vaccines/immunizations not covered (HEP A and B) • Pediatric services, including EPSDT • Medical social services • Health education	No	Yes
<b>Day Habilitation Services</b> —center-based services for members with mental retardation or developmental disabilities offered by a day habilitation provider may include: • Nursing services and health care supervision • Therapy services • Developmental skills training • Assistance with activities of daily living	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>Early Intervention Services</b>	No	Yes
<b>Family Planning Services</b>	No	No
<b>Group Adult Foster Care Services</b> —services provided by group adult foster care providers offered in a group-supported housing environment may include: • Assistance with activities of daily living, instrumental activities of daily living, and personal care • Nursing services oversight	Yes	Yes
<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	No
<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. For individuals over age 21, certain limitation apply.	Yes	Yes
<b>Outpatient Hospital Services</b> —services provided at an outpatient hospital. For example: • Outpatient surgical and related diagnostic, medical, and dental services • Diabetes self-management training • Specialty office visits • Medical nutritional therapy • OB/GYN (other than prenatal care and annual gynecological exam) • Therapy services (physical, occupational, and speech)	Yes	Yes
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Personal Care Attendant (PCA) Services</b> —consumer-directed services to assist members with activities of daily living and instrumental activities of daily living. For example: • Bathing • Feeding • Dressing • Medication management	Yes	Yes
<b>Primary Care (provided by member’s PCC or PCP)</b> For example: • Primary care office visit • Diabetes self-management training • Fluoride varnish to prevent tooth decay in children and teens up to age 21 • Annual gynecological exams • Tobacco-cessation counseling services • Prenatal care	No	No
<b>Specialist Physician, Nurse Practitioner, and Nurse Midwife Services.</b> For example: • Specialty office visits • Medical nutritional therapy • OB/GYN (other than prenatal care and annual gynecological exam )	No	Yes

<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.

MassHealth Standard and MassHealth CommonHealth 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>Podiatrist Services (Foot Care)</b>	No	Yes	
<b>Private Duty Nursing/Continuous Skilled Nursing</b> —a nursing visit of more than two continuous hours of nursing services	Yes	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:			
• Comprehensive eye exams every 24 months and whenever medically necessary • Vision training • Ocular prosthesis	• Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Bandage lenses • 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 • Mobile Crisis Intervention (MCI) for children under 21 years	No	No	
<b>Inpatient Services.</b> 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
<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	No	No
<b>Children’s Behavioral Health Initiative (CBHI) Services.</b> For example: • Intensive care coordination (ICC) • Family support and training (FS&T) • In-home therapy (IHT) services	• In-home behavioral services (IHBS) • Therapeutic mentoring (TM) services ambulatory detoxification)	No	No
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b>			
There is more information about EPSDT services in the section of the Member Handbook describing “Additional services for children.”			
<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 under “Additional services for children.” 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	
<b>Diagnosis and Treatment Services</b> MassHealth or MBHP pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not listed above or in applicable MassHealth regulations. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCC or PCP (or any other clinician) discovers a health condition, MassHealth will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a MassHealth-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCC or PCP can seek assistance from MassHealth or MBHP to determine what providers may be available in the network to provide these services, and how to use out-of-network providers, if necessary. Most of the time, these services are covered by your child’s MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask MassHealth or MBHP for a prior authorization for the service. MassHealth and MBHP use this process to determine if the service is medically necessary. MassHealth or MBHP will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your member handbook. Talk to your child’s PCC or PCP, behavioral health provider, or other specialist for help in getting these services.	Yes	Yes	

### 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.

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

<sup>3</sup> 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.