2022

Tufts Health Together with BIDCO

Covered Services List

TUFTS Health Plan

Beth Israel Deaconess CARE ORGANIZATION

COVERED SERVICES LIST

MassHealth Standard or CommonHealth Coverage, MassHealth CarePlus, and MassHealth Family Assistance

Please refer to the following pages for exact details and/or limitations, including prior authorization requirements for members with MassHealth CarePlus, Family Assistance, and Standard or CommonHealth coverage. Each plan may have different covered services and benefits available to our members.

DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Tufts Health Plan at **888.257.1985**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan
Attention: Civil Rights Coordinator, Legal Dept.
1 Wellness Way
Canton, MA 02021-1166
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

tuftshealthplan.com | **888.257.1985**

We can give you information in other formats, such as braille and large print, and also in different languages upon request.

For no-cost translation in English, call **888.257.1985**.

Arabic .888.257.1985 للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم

Chinese 若需免費的中文版本，請撥打 **888.257.1985**。

French Pour demander une traduction gratuite en français, composez le **888.257.1985**.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **888.257.1985**.

Greek Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **888.257.1985**.

Haitian Creole Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **888.257.1985**.

Igbo Maka ntụgharị asụsụ n'Igbo na akwụghị ụgwọ, kpọọ **888.257.1985**.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero **888.257.1985**.

Japanese 日本語の無料翻訳については **888.257.1985** に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃ ជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ 888.257.1985។

Korean 한국어로 무료 통역을 원하시면, **888.257.1985** 로 전화하십시오.

Kru Inyu yangua ndonõl ni Kru sébèl **888.257.1985**.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີ **888.257.1985**.

Navajo Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' **888.257.1985**.

Persian برای ترجمه رایگان به فارسی به شماره تلفن888.257.1985 زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **888.257.1985**.

Portuguese Para tradução grátis para português, ligue para o número **888.257.1985**.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру **888.257.1985**.

Spanish Para servicio de traducción gratuito en español, llame al **888.257.1985**.

Tagalog Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **888.257.1985**.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **888.257.1985**.

Yorùbá Fún isẹ́ ògbùfọ̀ l'ọ́fẹ̀ ní Yorùbá, pe **888.257.1985**.

Covered Services List for Members with MassHealth Standard & MassHealth CommonHealth Coverage

Overview

The following table is an overview of the covered services and benefits for MassHealth Standard and CommonHealth members enrolled in our health plan. We will coordinate all covered services listed below. It is your responsibility to always carry your health plan and your MassHealth identification cards and show them to your providers at all appointments.

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from us or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

You can call our member services team for more information about services and benefits or to ask questions. Please see the telephone number and hours of operation for member services at the bottom of every page of this document.

- For questions about medical services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For questions about behavioral health services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For more information about pharmacy services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled) or view our drug list at tuftshealthplan.com.
- 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.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered 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 a.m. – 5 p.m.

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Emergency Services		
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment – For use for pain relief or anesthesia	No	Yes
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	Yes	Yes
Acute Outpatient Hospital Services – Services in a hospital's outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
Adult Day Health Services – Center-based services, offered by DPH licensed adult day health providers, have the general goal of meeting activities of daily living (ADLs) and/or skilled nursing and therapeutic needs and may include: • Nursing services and health oversight • Nutritional or dietary services • Care management and social service advocacy and support • Counseling activities • Transportation	*	*

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**These services do not require prior authorization to begin services.

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Adult Foster Care (AFC) Services– Community-based services provided to members 16 and older by a live-in caregiver that meet member's need for assistance with: • Activities of daily living (ADLs) and • Instrumental activities of daily living (IADLs). • Nursing oversight and care management are provided by the AFC provider.	*	*
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	Yes
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	Yes
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	Yes
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital. After 100 days in a CDRH, you will be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. [Note: Members who also receive Nursing Facility Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	Yes	Yes

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Community Health Center Services - Examples include: • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education	No	Yes
Day Habilitation Services – Center-based services for members with intellectual or developmental disabilities offered by a day habilitation provider may include: • Nursing services and health care supervision • Developmental skills training • Individualized activities or therapies • Assistance with activities of daily living (ADLs)	*	*
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dieticians).	No	Yes
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	Yes

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Durable Medical Equipment (DME) – • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. • Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.	Yes	Yes
Early Intervention Services	No	Yes
Family Planning Services	No	No
Fluoride Varnish – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.	No	No
Group Adult Foster Care (GAFC) – Community-based services, provided to members 22 or older by a GAFC direct care aide that meet member's need for assistance with: • Activities of daily living (ADLs) and • Instrumental activities of daily living (IADLs). • Nursing oversight and care management are provided by the GAFC provider.	*	*
Hearing Aid Services	Yes	Yes
Home Health Services – Skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	Yes

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	Yes	Yes
Infertility Services - 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.	*	*
Laboratory Services – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	Yes
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	Yes
Nursing Facility Services – Services in a nursing facility. After 100 days in a nursing facility, you will be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. [Note: Members who also receive Chronic Disease Rehabilitation Hospital (CDRH) Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	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.	Yes	Yes
Oxygen and Respiratory Therapy Equipment	Yes	Yes

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Personal Care Attendant – Services to assist members with activities of daily living and instrumental activities of daily living, for example: • Bathing • Dressing • Mobility/Transfers • Passive range of motion • Toileting • Eating • Medication management	*	*
Podiatrist Services – Services for footcare	No	Yes
Primary Care (provided by member's PCC or PCP) – Examples include: • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens up to age 21	No	No
Private Duty Nursing/Continuous Skilled Nursing – A nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or an independent nurse.	*	*
Prosthetic Services	Yes	Yes

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Radiology and Diagnostic Services – Examples include: • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service	Yes	Yes
School Based Health Center Services – All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.	No	No
Specialists – Examples include: • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy	No	Yes
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: • Occupational therapy • Physical therapy • Speech/language therapy	Yes	Yes
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	Yes
Wigs - As prescribed by a physician and related to a medical condition	No	Yes
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for children under age 21		

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Screening Services – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.	No	No
Diagnosis and Treatment Services – Diagnostic testing is performed to follow up when a risk is identified. Treatment is used to control, correct, or reduce health problems.	Yes	Yes
Dental Services		
Adult Dentures – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	*	*
Diagnostic, Preventive, Restorative, and Major Dental Services – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	*	*
Emergency-Related Dental Care	No	No
Oral Surgery – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	Yes	Yes
Transportation Services		
Transportation Services: Emergency – 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 member from one facility to another, requiring care beyond the scope of a paramedic).	No	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Transportation Services: Non-Emergency – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	*	*
Vision Services		
Vision Care – Includes: • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, 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
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	Yes	No
Prescription drugs	Yes	No
Behavioral Health Services		
Non 24-hour Diversionary Services		

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.	**	No
Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.	**	No
Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.	**	No
Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.	No	No
Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who need more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.	**	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.	**	No
Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.	**	No
Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.	**	No
24 Hour Diversionary Services		
Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.	**	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.	**	No
Community-Based Acute Treatment for Children and Adolescents (CBAT) – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member's safety (specialing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.	**	No
Community Crisis Stabilization – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	**	No
Transitional Care Unit (TCU) – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.	**	No
Substance Use Disorder Diversionary Services		

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.	**	No
Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour, safe, structured setting in the community. These services support the member's recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.	**	No
Family Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.	**	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	**	No
Youth Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	**	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	Yes	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	**	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	**	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	**	No
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No
Applied Behavioral Analysis for members under 21 years of age (ABA Services) – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth's ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.	Yes	No
Assessment for Safe and Appropriate Placement (ASAP) – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.	Yes	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member's primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No
Collateral Contact – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.	No	No
Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
Diagnostic Evaluation – An assessment of a member's functioning, used to diagnose and to design a treatment plan.	No	No
Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
Family Consultation – A meeting with family members or others who are important to the member and to a member's treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No
Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.	No	No

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**These services do not require prior authorization to begin services.

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member's prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.	No	No
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member's mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No
Psychological Testing – Standardized tests used to assess a member's cognitive, emotional, neuropsychological, and verbal functioning.	Yes	No
Special Education Psychological Testing – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.	Yes	No
Intensive Home and Community-Based Services for Youth		
Intensive behavioral health services provided to members in a community-based setting.		

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**These services do not require prior authorization to begin services.

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Family Support and Training – A service provided to the parent or caregiver of a youth under the age of 21 where the youth lives. The purpose of this service is to help with the youth's emotional and behavioral needs by improving the capacity of the parent or caregiver to parent the youth. Services may include: education; help in identifying and navigating available resources; fostering empowerment; links to peer/parent support and self-help groups; coaching and training for the parent or caregiver. (Referral required by Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination.)	No	No
In-Home Behavioral Services – This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows: **Behavior Management Therapy** – This service includes assessment, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral goals or performance. This service addresses behaviors that interfere with the child's successful functioning. The therapist develops and monitors objectives and interventions, including a crisis-response strategy, that are written into the child's treatment plan. The therapist may also provide short-term counseling and assistance. **Behavior Management Monitoring** – This service includes putting the behavior plan into effect, monitoring the child's behavior, reinforcement of the plan by parents or other caregivers, and reporting to the behavior management therapist on progress toward goals in the behavior plan.	Yes	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
In-Home Therapy Services – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows: **Therapeutic Clinical Intervention** – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child's mental health needs by improving the family's ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with a Therapeutic Training and Support paraprofessional. **Therapeutic Training and Support** – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician's treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child's mental health and emotional challenges.	Yes	No
Intensive Care Coordination – A service that provides targeted case management services to individuals under 21 with a serious emotional disturbance (SED). This service includes assessment, development of an individualized care plan, referral, and related activities to put the care plan into effect and to monitor the care plan.	Yes	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Therapeutic Mentoring Services – This service provides a structured, one-to-one relationship between a therapeutic mentor and a child or adolescent up to the age of 21. Its goal is to address daily living, social, and communication needs. Goals are written into a treatment plan that is developed by the child or adolescent and their treatment team. The service includes supporting, coaching, and training the child or adolescent in age-appropriate behaviors, communication, problem-solving, conflict resolution, and relating to others in a healthy way. The therapeutic mentor works in settings such as home, school or community.	No	Yes
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	No	No
Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No
Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	Yes	No

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MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Specialing – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	Yes	No
Youth Mobile Crisis Intervention – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- $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, brand-name, and over-the-counter drugs covered by MassHealth that are not $1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be $1 or $3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (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 to prevent HIV, and drugs used to prepare for a colonoscopy,

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**These services do not require prior authorization to begin services.

- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50 % of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving 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. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,
- You are in a long-term care facility such as:
    - A nursing facility
    - Chronic-disease or rehabilitation hospital, or
    - Intermediate-care facility for individuals with intellectual disabilities
      or
    - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),

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- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2 of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest $10 amount. No copay will be more than $60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
$0 to $9.99	No Copays
$10 to $19.99	$10
$20 to $29.99	$20
$30 to $39.99	$30
$40 to $49.99	$40
$50 to $59.99	$50
$60 or More	$60

- For example, if your monthly copay cap is $12.50 in July, you will not be charged more than $10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

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Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. 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 copay

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

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
    - Treating damage following injury or illness;
    - Breast reconstruction following a mastectomy; or
    - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
    - Emergency services
    - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8 a.m. to 5 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

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**These services do not require prior authorization to begin services.

Covered Services List for Members with MassHealth CarePlus Coverage

Overview

The following table is an overview of the covered services and benefits for MassHealth CarePlus members enrolled in our health plan. We will coordinate all covered services listed below. It is your responsibility to always carry your health plan and your MassHealth identification cards and show them to your providers at all appointments.

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from us or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

You can call our member services team for more information about services and benefits or to ask questions. Please see the telephone number and hours of operation for member services at the bottom of every page of this document.

- For questions about medical services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For questions about behavioral health services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For more information about pharmacy services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled) or view our drug list at tuftshealthplan.com.
- 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.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered 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 a.m. – 5 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 Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment – For use for pain relief or anesthesia	No	Yes
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	Yes	Yes
Acute Outpatient Hospital Services – Services in a hospital's outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	Yes
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	Yes
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	Yes

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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?
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a CDRH and a Nursing Facility will be treated as one admission. In those cases, 100 days of combined CDRH and Nursing Facility Services is covered.]	Yes	Yes
Community Health Center Services - Examples include: • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education	No	Yes
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	Yes
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dieticians).	No	Yes
Durable Medical Equipment (DME) – • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. • Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.	Yes	Yes

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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?
Family Planning Services	No	No
Hearing Aid Services	Yes	Yes
Home Health Services – Skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	Yes
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	Yes	Yes
Infertility Services - 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	Yes
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	Yes
Nursing Facility Services – Services in a nursing facility for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a Nursing Facility and a CDRH will be treated as one admission. In those cases, 100 days of combined Nursing Facility and CDRH services is covered.]	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.	Yes	Yes
Oxygen and Respiratory Therapy Equipment	Yes	Yes

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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?
Podiatrist Services – Services for footcare	No	Yes
Primary Care (provided by member's PCC or PCP) – Examples include: • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services	No	No
Prosthetic Services	Yes	Yes
Radiology and Diagnostic Services – Examples include: • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service	Yes	Yes
Specialists – Examples include: • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy	No	Yes
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: • Occupational therapy • Physical therapy • Speech/language therapy	Yes	Yes
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	Yes
Wigs - As prescribed by a physician and related to a medical condition	No	Yes

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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?
Dental Services		
Adult Dentures – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	*	*
Diagnostic, Preventive, Restorative, and Major Dental Services – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	*	*
Emergency-Related Dental Care	No	No
Oral Surgery – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	Yes	Yes
Transportation Services		
Transportation Services: Emergency – 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 member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
Transportation Services: Non-Emergency – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	*	*
Vision Services		
Vision Care – Includes: • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, 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	Yes	Yes

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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?
other visual aids, excluding contacts		
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	Yes	No
Prescription drugs	Yes	No
Behavioral Health Services		
Non 24-hour Diversionary Services		
Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.	**	No
Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.	**	No
Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.	**	No
Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.	No	No

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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?
Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.	**	No
Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.	**	No
Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.	**	No
Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.	**	No
24 Hour Diversionary Services		
Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.	**	No

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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?
Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.	**	No
Community Crisis Stabilization – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	**	No
Substance Use Disorder Diversionary Services		
Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.	**	No
Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour, safe, structured setting in the community. These services support the member's recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.	**	No
Family Residential Rehabilitation Services for Substance Use Disorders – Services	**	No

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**These services do not require prior authorization to begin services.

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.		
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	**	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	Yes	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	**	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	**	No
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	**	No
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from,	No	No

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**These services do not require prior authorization to begin services.

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
dependence on substances.		
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No
Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member's primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No
Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
Diagnostic Evaluation – An assessment of a member's functioning, used to diagnose and to design a treatment plan.	No	No
Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
Family Consultation – A meeting with family members or others who are important to the member and to a member's treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No
Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member's prescriptions for drugs used for behavioral health needs, as well as any need for	No	No

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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?
monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.		
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member's mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No
Psychological Testing – Standardized tests used to assess a member's cognitive, emotional, neuropsychological, and verbal functioning.	Yes	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	No	No
Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No
Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	Yes	No
Specialing – Treatment services provided to a member in a variety of 24-hour settings,	Yes	No

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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?
on a one-to-one basis, to maintain the individual's safety.		

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- $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, brand-name, and over-the-counter drugs covered by MassHealth that are not $1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be $1 or $3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (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 to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

Members who do NOT have pharmacy copays

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**These services do not require prior authorization to begin services.

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50% of the federal poverty level (FPL),
- You are eligible for MassHealth because you are receiving 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. See regulations at 130 CMR 506.015 and 130 CMR 520.037,
- You are under 21 years old,
- You are pregnant or you have recently given birth (you are in the postpartum period),
- You are receiving benefits under MassHealth Limited (Emergency Medicaid),
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,

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**These services do not require prior authorization to begin services.

- You are in a long-term care facility such as:
    - A nursing facility
    - Chronic-disease or rehabilitation hospital, or
    - Intermediate-care facility for individuals with intellectual disabilities or
    - You have been admitted to a hospital from such a facility or hospital,
- You are receiving hospice services,
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2 % of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest $10 amount. No copay will be more than $60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
$0 to $9.99	No Copays
$10 to $19.99	$10
$20 to $29.99	$20
$30 to $39.99	$30
$40 to $49.99	$40
$50 to $59.99	$50
$60 or More	$60

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- For example, if your monthly copay cap is $12.50 in July, you will not be charged more than $10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. 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 copay

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

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
  - Treating damage following injury or illness;
  - Breast reconstruction following a mastectomy; or
  - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
  - Emergency services
  - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8 a.m. to 5 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

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**These services do not require prior authorization to begin services.

Covered Services List for Members with MassHealth Family Assistance Coverage

Overview

The following table is an overview of the covered services and benefits for MassHealth Family Assistance members enrolled in our health plan. We will coordinate all covered services listed below. It is your responsibility to always carry your health plan and your MassHealth identification cards and show them to your providers at all appointments.

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from us or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

You can call our member services team for more information about services and benefits or to ask questions. Please see the telephone number and hours of operation for member services at the bottom of every page of this document.

- For questions about medical services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For questions about behavioral health services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled).
- For more information about pharmacy services, please call (888) 257-1985 (TTY: 711 for people who are deaf, hard of hearing, or speech disabled) or view our drug list at tuftshealthplan.com.
- 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.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered 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 a.m. – 5 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 Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	Yes	Yes
Acute Outpatient Hospital Services – Services in a hospital's outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	Yes
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	Yes
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	Yes

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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?
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]	Yes	Yes
Community Health Center Services - Examples include: • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education	No	Yes
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dieticians).	No	Yes
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	Yes

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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?
Durable Medical Equipment (DME) – Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.	Yes	Yes
Early Intervention Services	No	Yes
Family Planning Services	No	No
Fluoride Varnish – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.	No	No
Hearing Aid Services	Yes	Yes
Home Health Services – Skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	Yes
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	Yes	Yes
Infertility Services - 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.	*	*
Laboratory Services – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	Yes
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	Yes

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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?
Nursing Facility Services – Services in a nursing facility for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]	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.	Yes	Yes
Oxygen and Respiratory Therapy Equipment	Yes	Yes
Podiatrist Services – Services for footcare	No	Yes
Primary Care (provided by member's PCC or PCP) – Examples include: • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens up to age 21	No	No
Prosthetic Services	Yes	Yes
Radiology and Diagnostic Services – Examples include: • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service	Yes	Yes
School Based Health Center Services – All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.	No	No

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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?
Specialists – Examples include: • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy	No	Yes
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: • Occupational therapy • Physical therapy • Speech/language therapy	Yes	Yes
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	Yes
Wigs - As prescribed by a physician and related to a medical condition	No	No
Preventative Pediatric Health-Care Screening & Diagnosis Services (PPHSD)		
Screening Services – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.	No	No
Diagnosis Services – Diagnostic testing is performed to follow up when a risk is identified.	Yes	Yes
Dental Services		
Adult Dentures – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	*	*
Diagnostic, Preventive, Restorative, and Major Dental Services – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	*	*

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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?
Emergency-Related Dental Care	No	No
Oral Surgery – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	Yes	Yes
Transportation Services		
Transportation Services: Emergency – 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 member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
Vision Services		
Vision Care – Includes: • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, 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
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	Yes	No
Prescription drugs	Yes	No
Behavioral Health Services		
Non 24-hour Diversionary Services		

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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?
Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.	**	No
Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.	**	No
Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.	**	No
Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.	No	No
Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who need more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.	**	No
Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.	**	No

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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?
Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.	**	No
Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.	**	No
24 Hour Diversionary Services		
Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.	**	No
Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.	**	No

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**These services do not require prior authorization to begin services.

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Community-Based Acute Treatment for Children and Adolescents (CBAT) – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member's safety (specialing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.	**	No
Community Crisis Stabilization – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	**	No
Transitional Care Unit (TCU) – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.	**	No
Substance Use Disorder Diversionary Services		

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**These services do not require prior authorization to begin services.

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.	**	No
Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour, safe, structured setting in the community. These services support the member's recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.	**	No
Family Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.	**	No
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	**	No

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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?
Youth Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	**	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	Yes	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	**	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	**	No
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	**	No
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No

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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?
Applied Behavioral Analysis for members under 21 years of age (ABA Services) – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth's ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.	Yes	No
Assessment for Safe and Appropriate Placement (ASAP) – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.	Yes	No
Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member's primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No
Collateral Contact – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.	No	No
Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
Diagnostic Evaluation – An assessment of a member's functioning, used to diagnose and to design a treatment plan.	No	No
Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
Family Consultation – A meeting with family members or others who are important to the member and to a member's treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual's progress.	No	No

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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?
Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member's prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and for any side effects.	No	No
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member's mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No
Psychological Testing – Standardized tests used to assess a member's cognitive, emotional, neuropsychological, and verbal functioning.	Yes	No
Special Education Psychological Testing – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.	Yes	No
Intensive Home and Community-Based Services for Youth		
Intensive behavioral health services provided to members in a community-based setting.		

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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?
In-Home Therapy Services – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows: **Therapeutic Clinical Intervention** – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child's mental health needs by improving the family's ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with a Therapeutic Training and Support paraprofessional. **Therapeutic Training and Support** – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician's treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child's mental health and emotional challenges.	Yes	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	No	No
Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No
Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	Yes	No
Specialing – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	Yes	No

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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?
Youth Mobile Crisis Intervention – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- $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, brand-name, and over-the-counter drugs covered by MassHealth that are not $1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be $1 or $3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (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 to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or

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- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50 % of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving 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. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,
- You are in a long-term care facility such as:
    - A nursing facility
    - Chronic-disease or rehabilitation hospital, or
    - Intermediate-care facility for individuals with intellectual disabilities or
    - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

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Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2 of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest $10 amount. No copay will be more than $60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
$0 to $9.99	No Copays
$10 to $19.99	$10
$20 to $29.99	$20
$30 to $39.99	$30
$40 to $49.99	$40
$50 to $59.99	$50
$60 or More	$60

- For example, if your monthly copay cap is $12.50 in July, you will not be charged more than $10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. 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 copay

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

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Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
  - Treating damage following injury or illness;
  - Breast reconstruction following a mastectomy; or
  - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
  - Emergency services
  - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8 a.m. to 5 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

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