MEDICAL BENEFIT SUMMARY GRID:
TUFTS HEALTH TOGETHER (MASSHEALTH)
FAMILY ASSISTANCE

ABBREVIATIONS
BH = Behavioral health
IN = In-network
MM = Medical management team at Tufts Health Plan
NPIN = Nonpreferred in-network
OON = Out-of-network
PA = Prior authorization
PCP = Primary care provider

Benefit year = January 1 – December 31, 2019

Annual co-payment maximum per calendar year per member
Medical and BH = $0
Pharmacy = $250

Prior authorizations and referrals

- If we require prior authorization, providers must submit a prior authorization request five business days prior to the service start date. All services rendered by NPIN or OON providers require prior authorization.
- Some members may require a PCP referral for specialty services. If we require prior authorization, we do not require a referral as well.

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Abortion	Covered		$0	None
Acute inpatient stay	Covered if medically necessary	Diagnosis Related Group (DRG) Inpatient Facility, Non-Diagnosis Related Group (DRG) Inpatient Facility	$0	IN and OON
Adult day care	Covered by MassHealth as a wraparound service. MM can assist in coordinating services with requesting provider.		$0	Contact MassHealth at 800.841.2900
Adult foster care	Not covered		Not covered	Not covered
Ambulatory surgery/ Same-day surgery/ Outpatient surgery/ Surgical day care	Covered if medically necessary when surgical procedure performed at IN outpatient facility. Includes outpatient, surgical and related diagnostic and medical/dental services.		$0	IN for certain services (see specific entries) OON: All
Anesthesia services	Covered if medically necessary. For additional PA requirements, see pain management.	Anesthesia Services, Obstetric Anesthesia Services	$0	IN
Apnea monitor	Covered if medically necessary	Durable Medical Equipment (DME)	$0	OON: All
Audiologist	Exams and evaluations covered if medically necessary		$0	OON
Autologous chondrocyte implant of the knee	Covered if medically necessary		$0	IN and OON

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Breast pumps	Breast pumps, one per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically prescribed by their attending physicians and consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014.		$0	IN: Electric hospital-grade pumps OON: All pumps
Chapter 766	Covered by MassHealth		$0	Contact MassHealth at 800.841.2900
Chemotherapy/ Radiation therapy	Covered if medically necessary		$0	OON
Chiropractic services	Covered for up to 20 visits per benefit year for manipulative treatment, office visits, radiology services or any combination of these services	Chiropractic Services	$0	OON: All
Cholycystectomy	Covered if medically necessary		$0	IN and OON
Cosmetic surgery	Not covered		Not covered	Not covered
CPAP/BiPAP	May cover continuous positive airway pressure machine (CPAP) and bilevel positive airway pressure machine (BiPAP) if medically necessary after sleep study completed and reviewed	DME	$0	IN and OON
Day habilitation	Not covered		Not covered	Not covered
Dental, emergency	Covered if medically necessary. Includes emergency dental services and oral surgery performed in an outpatient setting to treat a medical or BH condition.		$0	None
Dental, nonemergency	Covered if medically necessary to treat a medical condition. MassHealth covers nonemergency dental services as a wraparound service as follows: • Members younger than 21 — preventive/basic services • Members 21 and older — extractions and one cleaning per year		$0	IN and OON Contact MassHealth at 800.841.2900
Diabetes self-management training	Covered if medically necessary. Includes educational and training services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner and licensed dietitian) to treat prediabetes or diabetes.		$0	None

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Diagnostic testing	Covered if medically necessary. Includes labs, X-rays, EKGs, EEGs and ultrasounds.		$0	OON: All services except labs
Dialysis services	Covered if medically necessary. Includes labs, drugs, tubing change, adapter change, training related to hemodialysis and peritoneal dialysis (intermittent, continuous cycling and continuous ambulatory).		$0	IN and OON
Durable medical equipment (DME)	Covered if medically necessary. Includes medical and surgical supplies.	DME	$0	IN: See payment policy OON: All Nebulizers: None
Early and periodic screening, diagnosis, and treatment (EPSDT) services	Not covered. See CommonHealth and Standard for EPSDT coverage details for children, adolescents and young adults younger than 21.		$0	Not covered
Early intervention services	Covered if medically necessary for members ages 3 and younger. Includes intake screenings, evaluation and assessments, child- and center-based individual visits, and community child group, early intervention-only child group and parent-focused group sessions.		$0	None
Emergency services	Covered for medical and BH emergency services provided within the U.S.	Emergency Room Services	$0	Notification required within 24 hours, if admitted
Experimental services	Not covered. See our list of experimental and investigational procedures.		Not covered	Not covered
Family planning	Covered for basic services. Includes birth control and intrauterine devices (IUDs). Infertility services and their treatment not covered, including in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), reversal of voluntary sterilization and sperm banking. Family planning, medical and counseling services, follow-up health care, outreach and community education may be obtained from any MassHealth family-planning service provider without PA.		$0	None
FluMist	Vaccine and administration covered for members ages 5–49. Flu vaccine delivered intranasally by spray.		$0	OON

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Fluoride varnish	Covered for members ages 3 and younger. Covered if medically necessary, as determined by the Caries Assessment Tool (CAT), for members younger than 21 who are eligible for dental services.		$0	None
Gastric bypass surgery	Covered if medically necessary		$0	IN and OON
Group adult foster care	Not covered		Not covered	Not covered
Hearing aids	Covered if medically necessary. Includes ear mold, ear impressions and loan of a hearing aid if necessary. No PA required for batteries, accessories, aid, instruction for use/care/maintenance and servicing during the lifetime of the hearing aid.		$0	IN: Monaural (one ear) more than $500 or binaural (two ears) more than $1,000 OON: All
Holter monitor	Covered if medically necessary	DME	$0	IN: See payment policy OON: All
Home health care services	Covered if medically necessary when a member demonstrates a need for nursing and/or therapy services. Includes DME associated with services, part-time or intermittent skilled nursing, physical/ occupational/speech therapies and part-time or intermittent home health aide services.	Home Health Care Services	$0	IN only if request is for daily visits or for requests greater than 6 months and OON
Hospice care	Covered if medically necessary		$0	IN and OON
Hysterectomy	Covered if medically necessary		$0	IN and OON
Infertility services	Covered only for the diagnosis of infertility and treatment of an underlying medical condition. Not covered for other infertility services and their diagnosis and treatment, such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), reversal of voluntary sterilization and sperm banking.		$0	IN and OON
Inpatient hospitalization	Covered if medically necessary		$0	IN and OON Elective admissions: Submit PA form 5 business days prior to admission

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Institutional care at a skilled nursing facility or a chronic or rehabilitation hospital	Covered for all levels of care, if provided at either a nursing facility or a chronic or rehabilitation hospital or any combination thereof, up to 100 days per benefit year. Members receiving this care beyond 100 days are disenrolled from Tufts Health Plan. Call MassHealth at 800.841.2900 for coverage information.		$0	IN and OON
Intensive early intervention services	Not covered		Not covered	Not covered
Keep Teens Healthy	Covered by MassHealth		$0	Contact MassHealth at 800.841.2900
Knee arthroscopy	Covered if medically necessary		$0	IN and OON
Laboratory services	Covered if medically necessary to maintain health and diagnose, treat and prevent disease. Includes blood tests, urinalysis, Pap smears, throat cultures and vaccines not covered by the Department of Public Health.		$0	None
Myringotomy with tubes	Covered if medically necessary		$0	IN and OON
Nutritional counseling	Covered if rendered by an accredited provider (physician, licensed dietitian, licensed nutritionist, registered nurse, physician assistant or nurse practitioner). Includes nutritional, diagnostic, therapy and counseling services for a medical condition.		$0	OON
Nutritional therapy	Covered if medically necessary. Generally relates to DME products.		$0	IN and OON
Observation day	Covered if medically necessary	Observation Services	$0	IN: Stays longer than 48 hours OON: All
Orthotics	Covered if medically necessary. Includes braces and other mechanical or molded devices to support or correct any defect of form or function of the human body. Includes repairs. Limit of one pair of shoes per 12-month period. Shoe inserts covered for diabetics only. For members older than 21, certain limitations apply.	Orthotic Services	$0	IN and OON

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Outpatient hospital services	Covered if medically necessary		$0	See specific service for PA requirement
Over-the-counter (OTC) drugs	Covered if requested with a prescription written by an IN or OON physician. Must be obtained at a participating pharmacy. Examples include: • Aspirin/Acetaminophen/Ibuprofen • Allergy medication/Decongestant • Tobacco cessation products • Diabetic supplies (e.g., strips, lancets) • Multivitamins and iron/calcium supplements		Contraceptive agents: $0 Covered OTC drugs: $0-$3.65 for a 30-day supply	None
Oxygen and respiratory therapy equipment	Covered if medically necessary. Includes ambulatory liquid oxygen systems and refills, aspirators, compressor-driven nebulizers, intermittent positive pressure breather, oxygen, oxygen gas, oxygen-generating devices and oxygen therapy equipment rental.	DME	$0	IN: See payment policy OON: All
Personal care attendant	Covered by MassHealth as a wraparound service		$0	Contact MassHealth at 800.841.2900
Pharmacy	Co-payments for a one-month supply via participating pharmacies. Co-payments due at time of service. No co-payment for: • Birth control and family-planning supplies • Members younger than 21 • Members while pregnant or up to 60 days after giving birth • Prescription diabetes/asthma supplies		$0 as indicated $1-$3.65 (Tier 1) $3.65 (Tier 2) Tufts Health Plan pharmacy co-payments	See our *Preferred Drug List* for PA requirements
Physician services	Covered, including PCP and specialty services. Some members may require PCP referral for specialty services.		$0	PCP: NPIN and OON Specialty: NPIN and OON
Podiatry	Covered for medical conditions. Includes medical, radiological, surgical and laboratory care. Includes routine foot care for diabetics.	Podiatry Services	$0	IN: Nondiabetic routine care OON: All
Preventive pediatric health screening and diagnostic services	Covered for members younger than 21		$0	None

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Prosthetic services and devices	Covered. Includes evaluation, fabrication, fitting, provision of prosthesis and repairs. For members older than 21, certain limitations apply.	Prosthetic Services	$0	IN and OON
Radiology/X-rays	Covered if medically necessary. Advanced imaging services (MRI, MRA, CAT, nuclear cardiology and PET) require PA. Contact National Imaging Associates to request PA.	Radiology Imaging Services, Therapeutic Radiology Services	$0	IN: See coverage conditions at left OON: All
School-based health center	Covered if medically necessary		$0	OON
Skilled nursing facility	Covered for all levels of care, if provided at either a nursing facility or a chronic or rehabilitation hospital or any combination thereof, up to 100 days per benefit year. Members receiving this care beyond 100 days are disenrolled from Tufts Health Plan. Call MassHealth at 800.841.2900 for coverage information.		$0	IN and OON
Therapy — physical, occupational, speech and hearing	Covered if medically necessary. Includes individual treatment (orthotics, prosthetics, assistive technology devices), comprehensive evaluation and group therapy. • Children ages 3 and older receive services through the school department • Children younger than 3 receive services through the early intervention program	Outpatient Therapy	$0	IN: After initial evaluation and 11 visits for PT and OT IN: After 30 visits for ST and hearing OON: All
Tobacco cessation	Covered for individual and group tobacco-cessation counseling rendered by an IN provider. Includes specific medication obtained from a pharmacy and nicotine-replacement therapy.		$0	OON
Transportation, emergency	Covered if medically necessary. Includes land and air. Includes specialty care transport between facilities.	Ambulance Transport Services	$0	None
Transportation, nonemergency	Not covered	Ambulance Transport Services	Not covered	Not covered

Service	Coverage/Limits/Conditions	Related payment policy	Co-payment	PA required?
Vision care	Covered for routine eye examinations from participating providers once every 24 months for nondiabetic members and members ages 21 and older, and once every 12 months for diabetic members and members younger than 21. MassHealth covers all nonmedical vision care as a wraparound benefit, including certain eyeglasses or contact lenses, vision training and other visual aids. Contact lenses fittings not covered.	Vision Services	$0	OON Contact MassHealth at 800.841.2900 for wraparound benefits
Wigs	Covered if medically necessary. Must be ordered by a physician and related to a medical condition.		$0	OON