



## Medical Benefit Summary Grid: *TUFTS HEALTH TOGETHER (MASSHEALTH)*

Benefit Year: January 1, 2022 – December 31, 2022

### Abbreviations

BH: Behavioral Health

IN: In-network

OON: Out of Network

PA: Prior Authorization

STD: CommonHealth and Standard

CP: CarePlus

FA: Family Assistance

### Prior Authorizations

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 OON providers require prior authorization.**

Covered Services	STD	CP	FA	Limits and Conditions	PA/Notification
<b>Emergency Services</b>					
<b>Emergency Inpatient and Outpatient Services</b>	✓	✓	✓	Covered for medical and BH emergency services provided within the U.S.	Notification required within 24 hours, if admitted.
<b>Medical Services</b>					
<b>Abortion Services</b>	✓	✓	✓		No PA required
<b>Acupuncture Treatment</b> – For use for pain relief or anesthesia	✓	✓	✓		No PA required
<b>Acute Inpatient Hospital Services</b> – 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.)	✓	✓	✓		No PA required for urgent or emergent admission. Notification required within 2 business days of admission.  PA may be required for elective procedures.

Covered Services	STD	CP	FA	Limits and Conditions	PA/Notification
<b>Acute Outpatient Hospital Services</b> – 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.	✓	✓	✓		PA may be required
<b>Adult Day Health Services</b> – 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: <ul style="list-style-type: none"> <li>• Nursing services and health oversight</li> <li>• Nutritional or dietary services</li> <li>• Care management and social service advocacy and support</li> <li>• Counseling activities</li> <li>• Transportation</li> </ul>	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Adult Foster Care (AFC) Services</b> – Community-based services provided to members 16 and older by a live-in caregiver that meet member's need for assistance with: <ul style="list-style-type: none"> <li>• Activities of daily living (ADLs) and</li> <li>• Instrumental activities of daily living (IADLs).</li> <li>• Nursing oversight and care management are provided by the AFC provider.</li> </ul>	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Ambulatory Surgery Services</b> – 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.	✓	✓	✓		PA may be required
<b>Audiologist (Hearing) Services</b> – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing	✓	✓	✓		No PA required

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aids, prescription for hearing-aid devices, and aural rehabilitation.					
<b>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	✓	✓	✓		No PA required
<b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – 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. <b>[Note:</b> Members who also receive Nursing Facility Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	✓	✓	✓		PA required
<b>Community Health Center Services</b> - Examples include: <ul style="list-style-type: none"> <li>• Specialty office visits</li> <li>• OB/GYN services</li> <li>• Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services</li> <li>• Medical social services</li> <li>• Nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• Vaccines/immunizations</li> <li>• Health education</li> </ul>	✓	✓	✓		No PA required
<b>Day Habilitation Services</b> – Center-based services for members with intellectual or developmental disabilities offered by a day habilitation provider may include: <ul style="list-style-type: none"> <li>• Nursing services and health care supervision</li> <li>• Developmental skills training</li> <li>• Individualized activities or therapies</li> <li>• Assistance with activities of daily living (ADLs)</li> </ul>	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900.

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<b>Diabetes Self-Management Training</b> – 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 dietitians).	✓	✓	✓		No PA required
<b>Dialysis Services</b> – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	✓	✓	✓		No PA required
<b>Durable Medical Equipment (DME)</b> – <ul style="list-style-type: none"> <li>• Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</li> <li>• Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.</li> </ul>	✓	✓	✓		PA may be required
<b>Early Intervention Services</b>	✓		✓	Covered if medically necessary for members ages 3 and younger. Includes intake screenings, evaluations and assessments, child- and center-based individual visits, and community child group, early intervention-only child group and parent-focused group sessions.	No PA required
<b>Family Planning Services</b>	✓	✓	✓	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	No PA required

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				health care, outreach and community education may be obtained from any MassHealth family-planning service provider without PA.	
<b>Fluoride Varnish</b> – 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 PA required
<b>Group Adult Foster Care (GAFC)</b> – Community-based services, provided to members 22 or older by a GAFC direct care aide that meet member's need for assistance with:  <ul style="list-style-type: none"> <li>• Activities of daily living (ADLs) and</li> <li>• Instrumental activities of daily living (IADLs).</li> <li>• Nursing oversight and care management are provided by the GAFC provider.</li> </ul>	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Hearing Aid Services</b>	✓	✓	✓	Includes ear mold, ear impressions and loan of a hearing aid if necessary.  CIC (Completely in Canal) hearing aids are not covered.	No PA required for batteries, accessories, aid, instruction of use/care/maintenance and servicing during the lifetime of the hearing aid.
<b>Home Health Services</b> – 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.	✓	✓	✓		PA required only if request is for daily visits or for requests greater than 6 months
<b>Hospice Services</b> – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	✓	✓	✓		PA required

Covered Services	STD	CP	FA	Limits and Conditions	PA/Notification
<b>Infertility Services</b> - Diagnosis of infertility and treatment of underlying medical condition.	✓	✓	✓	Covered only for the diagnosis of infertility and treatment of an underlying medical condition. Not covered for other infertility services and their diagnosis or treatment, such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), reversal of voluntary sterilization and sperm banking.	PA required
<b>Intensive Early Intervention Services</b> – Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	✓		✓	These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	✓	✓	✓		PA may be required
<b>Medical Nutritional Therapy</b> – 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 PA required
<b>Nursing Facility Services</b> – 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. <b>[Note:</b> Members who also receive Chronic Disease Rehabilitation Hospital (CDRH) Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	✓	✓	✓		PA required
<b>Orthotic Services</b> – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	✓	✓	✓	Includes repairs. Limit of one pair of shoes per 12-month period. Shoe inserts covered for diabetics only.	PA may be required

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<b>Oxygen and Respiratory Therapy Equipment</b>	✓	✓	✓	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.	PA may be required
<b>Personal Care Attendant</b> – Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Dressing</li> <li>• Mobility/Transfers</li> <li>• Passive range of motion</li> <li>• Toileting</li> <li>• Eating</li> <li>• Medication management</li> </ul>	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Podiatrist Services</b> – Services for footcare	✓	✓	✓	Covered for medical conditions. Includes medical, radiological, surgical and laboratory care. Includes routine foot care for diabetics.	No PA required
<b>Primary Care</b> (provided by member's PCC or PCP) – Examples include: <ul style="list-style-type: none"> <li>• Office visits for primary care</li> <li>• Annual gynecological exams</li> <li>• Prenatal care</li> <li>• Diabetes self-management training</li> <li>• Tobacco cessation services</li> <li>• Fluoride varnish to prevent tooth decay in children and teens up to age 21</li> </ul>	✓	✓	✓		No PA required
<b>Private Duty Nursing/Continuous Skilled Nursing</b> – 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.	✓			These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900

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<b>Prosthetic Services</b>	✓	✓	✓	Includes evaluation, fabrication, fitting, provision of prosthesis and repairs.	PA may be required
<b>Radiology and Diagnostic Services</b> – Examples include: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Magnetic resonance imagery (MRI) and other imaging studies</li> <li>• Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service</li> </ul>	✓	✓	✓		Advanced imaging services (MRI, MRA, CAT, nuclear cardiology and PET) require PA. Contact National Imaging Associates to request PA.
<b>School Based Health Center Services</b> – 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 PA required
<b>Specialists</b> – Examples include: <ul style="list-style-type: none"> <li>• Office visits for specialty care</li> <li>• OB/GYN (No referral needed for prenatal care and annual gynecological exam)</li> <li>• Medical nutritional therapy</li> </ul>	✓	✓	✓		No PA required
<b>Therapy Services</b> – 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: <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	✓	✓	✓	Covered if medically necessary. Includes individual treatment (orthotics, prosthetics, assistive technology devices), comprehensive evaluation and group therapy. <ul style="list-style-type: none"> <li>• Children ages 3 and older may receive services through the school department</li> <li>• Children younger than 3 may receive services through the early intervention program</li> </ul>	PA required after initial evaluation and 11 visits for PT and OT.  PA required for ST after 30 visits.
<b>Tobacco Cessation Services</b> – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	✓	✓	✓		No PA required





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<b>Wigs</b> - As prescribed by a physician and related to a medical condition	✓	✓	✓		No PA required
<b>Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for children under age 21</b>					
<b>Screening Services</b> – 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 PA required
<b>Diagnosis and Treatment Services</b> – Diagnostic testing is performed to follow up when a risk is identified. Treatment is used to control, correct, or reduce health problems.	✓				PA may be required
<b>Preventive Pediatric Health-Care Screening &amp; Diagnosis Services (PPHSD)</b>					
<b>Screening Services</b> – 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 PA required
<b>Diagnosis Services</b> – Diagnostic testing is performed to follow up when a risk is identified.			✓		PA may be required
<b>Dental Services</b>					
<b>Adult Dentures</b> – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	✓	✓	✓	These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900

Covered Services	STD	CP	FA	Limits and Conditions	PA/Notification
<b>Diagnostic, Preventive, Restorative, and Major Dental Services</b> – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	✓	✓	✓	These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Emergency Related Dental Care</b>	✓	✓	✓	Includes emergency dental services and oral surgery performed in an outpatient setting to treat a medical or BH condition.	No PA required
<b>Oral Surgery</b> – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	✓	✓	✓		PA may be required
<b>Transportation Services</b>					
<b>Transportation Services: Emergency</b> – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	✓	✓	✓		No PA required
<b>Transportation Services: Non-Emergency</b> – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	✓	✓		These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Vision Services</b>					
<b>Vision Care (medical component)</b> – eye examinations (a) once per 12-month period for Enrollees under the age of 21 and (b) once per 24-month period for Enrollees 21 and over, and, for all Enrollees, whenever Medically Necessary; vision training; ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and bandage lenses.	✓	✓	✓		PA may be required



Covered Services	STD	CP	FA	Limits and Conditions	PA/Notification
<b>Vision Care (non-medical component)</b> - prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts.	✓	✓	✓	These services are covered directly by MassHealth and may require prior authorization and/or referrals. We will assist in the coordination of these services.	Contact MassHealth at 800.841.2900
<b>Pharmacy Services</b>					
<b>Over-the-counter medicines</b>	✓	✓	✓	Covered if requested with a prescription. Must be obtained at a participating pharmacy.	PA may be required
<b>Prescription drugs</b>	✓	✓	✓		PA may be required