

# Covered Services List for WellSense Community Alliance Members with MassHealth CarePlus Coverage

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## Overview

The following table is an overview of the covered services and benefits for MassHealth CarePlus members enrolled in WellSense Community Alliance

The table also shows whether each service requires prior authorization (permission from WellSense 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 the WellSense Customer Service Center for more information about services and benefits or to ask questions. Please see the telephone number and hours of operation for our Member Service Department at the bottom of this document.

- For questions about behavioral health services, please call Carelon Behavioral Health at 888-217-3501 or TTY: 866-727-9441 for people with partial or total hearing loss or speech disabled.
- For more information about the pharmacy covered services, please call Express Scripts 888-566-0010 for general pharmacy questions or 844-319-7588 for mail order pharmacy questions. Please call 711 (TTY/TDD) for people with partial or total hearing loss or speech disabled.
- For questions about medical services, please call 888-566-0010, Spanish 888-566-0012, or 711 (TTY/TDD) for people with partial or total hearing loss or speech disabled or you may call the Nurse Advice Line at 800-973-6273 for questions after hours.
- For questions about dental services, please call DentaQuest Customer Service at 800-207-5019 or TTY at 800-466-7566 or Translation Line at 800-207-5019.

Please keep in mind that WellSense covered services and benefits may 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 services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's website [mass.gov/masshealth](https://mass.gov/masshealth) or
- Call MassHealth Customer Service at 800-841-2900 (TTY: 800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m.–5:00 p.m.

\*The services in the grid below that are marked with an asterisk (\*) are covered directly by MassHealth and may require prior authorization by them. However, we will assist in the coordination of these services.

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Emergency Services</b>		
<b>Emergency Inpatient and Outpatient Services</b>	No	No
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No
<b>Acupuncture Treatment</b> – For use for pain relief or anesthesia	No	No
<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. This also includes administratively necessary days. May require pre-screening.	Yes	No
<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.	Yes	No
<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.	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Audiologist (Hearing) Services</b> – 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.	Yes	No
<b>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	No
<b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – Services in a chronic disease hospital or rehabilitation hospital up to 100 days per Contract year per Enrollee.	Yes	No
<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>• 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	No
<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	No
<b>Dialysis Services</b> – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p><b>Durable Medical Equipment (DME)</b> – Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</p> <p>Covered DME includes, but is not limited to,</p> <ul style="list-style-type: none"> <li>• Absorbent products</li> <li>• Breast pumps</li> <li>• Enteral and parenteral nutrition</li> <li>• Glucose monitors and diabetic supplies</li> <li>• Mobility equipment and seating systems</li> <li>• Hospital beds and accessories</li> </ul>	Yes	No
<b>Family Planning Services</b>	No	No
<b>Hearing Aid Services</b>	No, except for surgically implanted aids	No
<p><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.</p>	Yes	No
<p><b>Hospice Services</b> – Members should discuss with MassHealth or their health plan the options for receiving hospice services.</p>	Yes	No
<p><b>Infertility Services</b> – Diagnosis of infertility and treatment of underlying medical condition.</p>	Yes	No
<p><b>Isolation and Recovery Site Services</b> – Services that a member receives at an isolation and recovery site. This is a location such as a hotel or motel that contracts with EOHHS to provide safe, isolated lodging for individuals with a COVID-19 diagnosis.</p>	No	No

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No
<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).	Yes	No
<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. [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	No
<b>Orthotic Services</b> – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Podiatrist Services</b> – Services for footcare	No	No
<b>Primary Care (provided by member's PCC or PCP)</b> – 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	No
<b>Prosthetic Services</b>	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<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>	Yes, except for x-rays and some radiation oncology services which do not require prior authorization.	No
<b>Remote Patient Monitoring (COVID-19 RPM)</b> – Bundled services to facilitate home monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital levels of care but require continued close monitoring. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home monitoring of members with confirmed or suspected COVID-19.	No	No
<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	No
<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>	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Tobacco Cessation Services</b> – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	No
<b>Urgent Care Clinic Services</b>	No	No
<b>Vaccine Counseling Services</b>	No	No
<b>Wigs</b> – As prescribed by a physician and related to a medical condition	Yes	No
<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.	*	*
<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.	*	*
<b>Emergency-Related Dental Care</b>	No	No
<b>Oral Surgery</b> – To treat a medical condition, performed in any place of service, including but not limited to an outpatient setting, such as an ambulatory surgery/outpatient hospital or a clinic or office.	Yes	No
<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	No
<b>Transportation Services: Non-Emergency to an out-of-state location</b> – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border.	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Transportation Services: Non-Emergency to an in-state location or within 50 miles of the state border</b> – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service	*	*
<b>Vision Services</b>		
<b>Vision Care</b> – Includes: <ul style="list-style-type: none"> <li>Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary</li> <li>Vision training</li> <li>Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>Bandage lenses</li> </ul>	Yes, except for comprehensive eye exams	No
	*	*
<b>Pharmacy Services</b>		
See copay information at the end of this section.		
<b>Non-Drug Pharmacy Products</b> – Products on the MassHealth Non-Drug Product List.	*For Digital Therapy products	*
<b>Over-the-counter medicines</b>	No	No
<b>Prescription drugs</b>	Yes	No
<b>Behavioral Health Services</b>		
<b>Diversionary Services</b> – Mental health and substance use disorder services that are provided as clinically appropriate alternatives to behavioral health inpatient services, to support a member returning to the community after a 24-hour acute placement, and to provide intensive support to maintain functioning in the community. There are two categories of diversionary services: those provided in a 24-hour facility and those provided in a non-24-hour setting or facility.		



MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Non 24-hour Diversionary Services</b>		
<p><b>Community Support Program (CSP) and Specialized CSP Programs</b> – Behavioral health services provided through community-based, mobile paraprofessional staff to members.</p> <p><b>Community Support Program for Homeless Individuals (CSP-HI)</b> – A specialized CSP service to address the health-related social needs of members who</p> <ul style="list-style-type: none"> <li>(1) are experiencing homelessness and are frequent users of acute health MassHealth services; or</li> <li>(2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.</li> </ul> <p><b>Community Support Program for Individuals with Justice Involvement (CSP-JI)</b> – A specialized CSP service to address the health-related social needs of members with justice involvement who have a barrier to accessing or consistently using medical and behavioral health services.</p> <p><b>Community Support Program Tenancy Preservation Program (CSP-TPP)</b> – A specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation.</p>	No	No
<p><b>Intensive Outpatient Program (IOP)</b> – 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.</p>	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Partial Hospitalization (PHP)</b> – 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	No
<b>Program of Assertive Community Treatment (PACT)</b> – 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
<b>Psychiatric Day Treatment</b> – 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	No
<b>Recovery Coaching</b> – 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	No
<b>Recovery Support Navigators (RSN)</b> – 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. RSNs may be located in a variety of Substance Use Disorder treatment environments, as well as hospital medical or surgical inpatient and emergency department settings.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Structured Outpatient Addiction Program (SOAP)</b> – 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	No
<b>24 Hour Diversionary Services</b> 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.		
<b>Acute Treatment Services (ATS) for Substance Use Disorders</b> – 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	No
<b>Clinical Support Services for Substance Use Disorders</b> – 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	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Community Crisis Stabilization for Youth and Adults</b> – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	Yes	No
<b>Transitional Support Services (TSS) for Substance Use Disorders</b> – A 24-hour, short-term intensive case management and psychoeducational residential program with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization before they are placed in a residential or community-based program. Members with co-occurring physical health, mental health, and substance use disorders are eligible for coordination of transportation and referrals to providers to ensure treatment for these conditions. Pregnant members are eligible for coordination of their obstetric care.	*	*
<b>Residential Rehabilitation Services for Substance Use Disorders</b>		
<b>Adult Residential Rehabilitation Services for Substance Use Disorders</b> – 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	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders</b> – 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	No
<b>Family Residential Rehabilitation Services for Substance Use Disorders</b> – 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	No
<b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders</b> – 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	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Youth Residential Rehabilitation Services for Substance Use Disorders</b> – 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	No
<b>Inpatient Services</b> 24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
<b>Administratively Necessary Day (AND) Services</b> – 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
<b>Inpatient Mental Health Services</b> – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	No	No
<b>Inpatient Substance Use Disorder Services</b> – 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	No
<b>Observation/Holding Beds</b> – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p><b>Outpatient Behavioral Health Services</b> – Mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner’s office. The services may also be provided at a member’s home or school.</p> <p>Some providers of these services offer extended hours at night or during weekends through behavioral health urgent care centers. They can offer new client assessments on the same or next day, appointments for existing clients with an urgent behavioral health need on the same or next day, medication appointments within 72 hours of an initial assessment, and follow-up appointments within 14 calendar days.</p> <p>These services may also be provided at a community behavioral health center (CBHC). CBHCs offer crisis, urgent, and routine substance use disorder and mental health services, care coordination, peer supports, screening, and coordination with primary care. A CBHC will provide access to same-day and next-day services and expanded service hours including evenings and weekends. A CBHC must provide services to adults and youths, including infants and young children, and their families. See also “crisis services.”</p>		
<p><b>Standard Outpatient Services</b> – Outpatient services most often provided in an ambulatory setting.</p>		
<b>Acupuncture Treatment</b> – 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
<b>Ambulatory Withdrawal Management</b> – 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
<b>Case Consultation</b> – 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
<b>Couples/Family Treatment</b> – Therapy and counseling to treat a member and their partner or family in the same session.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Diagnostic Evaluation</b> – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.	No	No
<b>Dialectical Behavioral Therapy (DBT)</b> – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
<b>Family Consultation</b> – 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
<b>Group Treatment</b> – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
<b>Individual Treatment</b> – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
<b>Inpatient-Outpatient Bridge Visit</b> – 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
<b>Medication Visit</b> – 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



MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Opioid Treatment Services</b> – 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
<b>Psychiatric Consultation on an Inpatient Medical Unit</b> – 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
<b>Psychological Testing</b> – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Crisis Services</b> – Crisis services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. <b>(See detailed services below).</b>		
<p><b>Adult Mobile Crisis Intervention (AMCI) – Encounter</b> – each 24-hour period an individual is receiving AMCI Services. Each AMCI Encounter shall include at a minimum: crisis assessment, intervention, stabilization.</p> <ul style="list-style-type: none"> <li><b>a. Assessment</b> – a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;</li> <li><b>b. Intervention</b> – the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and</li> <li><b>c. Stabilization</b> – short –term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.</li> </ul> <p>In addition, medication evaluation and specializing services shall be provided if Medically Necessary.</p>	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Emergency-Department-Based Behavioral Health Crisis Intervention Mental Health Services (through September 30, 2023)</b> – Crisis intervention services for members presenting to an emergency department in a behavioral health crisis, including crisis evaluation, stabilization interventions, and discharge planning and care coordination activities. Crisis evaluations consist of a behavioral health crisis assessment by a qualified behavioral health professional within 60 minutes after the individual is ready to receive the assessment. Stabilization interventions consist of observation, treatment, and support. Discharge planning and care coordination includes a disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p><b>Behavioral Health Crisis Evaluation Services in Acute Medical Setting (effective October 1, 2023)</b> – Crisis evaluations provided in medical and surgical inpatient and emergency department settings include the crisis assessment, crisis interventions, and disposition coordination and reporting and community collaboration activities for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluation include:</p> <ul style="list-style-type: none"> <li><b>a. Comprehensive Behavioral Health Crisis Assessment:</b> Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes of time of the member’s readiness to receive such an assessment. Behavioral Health Crisis Evaluation team must include: qualified behavioral health professional, a complex behavioral health care clinician, and other master’s and bachelor’s-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches.</li> <li><b>b. Crisis Interventions:</b> Observation, treatment, and support to individuals experiencing a behavioral health crisis.</li> <li><b>c. Discharge Planning and Care Coordination:</b> A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.</li> <li><b>d. Reporting and Community Collaboration:</b> Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers</li> </ul>	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Other Behavioral Health Services</b>		
<b>Electro-Convulsive Therapy (ECT)</b> – 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 (for OP) Yes (for IP)	No
<b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b> – 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
<b>Specializing</b> – 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

## 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**

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).

### **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:

<b>If the member's monthly copay cap is calculated to be:</b>	<b>The member's final monthly copay cap will be:</b>
\$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.

### **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
- Services not otherwise covered by MassHealth, except as determined by the contractor to be medically necessary for MassHealth Standard or MassHealth CommonHealth members under age 21

### **Contact MassHealth or WellSense**

If you have questions, you can call WellSense Member Services Department, Monday through Friday 8:00 a.m. to 6:00 p.m. at 888-566-0010 (English/Other Language), 888-566-0012 (Spanish) or TTY 711 for people who are hearing impaired. You may also call the MassHealth Customer Service Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 800-841-2900 or TTY at 800-497-4648 for people who are deaf, hard of hearing, or speech disabled.