

# Covered Services List for WellSense Southcoast Alliance Plan 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 a WellSense Southcoast Alliance plan. 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 WellSense or one of our vendors); or
- both a referral and prior authorization 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 about your health care needs to decide if the service is appropriate and to register you for the service with your health plan (if required). Also, please note that as of April 1, 2024, there are no copays for any covered service.

You can call WellSense Member Service Department 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 hearing loss or speech disabled.
- For more information about pharmacy service, please call Express Scripts at 888-566-0010 for general pharmacy questions or 844-319-7588 for mail order pharmacy questions. Please call TDD/TTY: 711 for people with partial or total hearing loss or speech disabled.
- For questions about dental services, please call BeneCare Customer Service at 844-643-3685 or TTY at 711.

Please keep in mind that WellSense-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 be the only thing you rely on to see if you have WellSense coverage for the service you need. (For example, there may be limits to what is covered for a service.) The best way to find out if the service you need is covered is to call the WellSense Member Service Department. Please see the telephone number and hours of operation for our Member Service Department at the bottom of this document. Also, MassHealth regulations control the covered services and benefits available to you. To look at MassHealth regulations, visit [www.mass.gov/masshealth-and-eohhs-regulations](http://www.mass.gov/masshealth-and-eohhs-regulations).

| <b>MassHealth Family Assistance 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 prescreening.   | 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  | Yes   |
| <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.   | No   | Yes   |

| <b>MassHealth Family Assistance 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>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).   | No   | Yes   |
| <b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – Services in a CDRH for up to 100 days per admission. After 100 days, the member may be transferred from their 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. Coverage is limited to six months, per MassHealth policy. | 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 provided to a member 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  |

| <b>MassHealth Family Assistance 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> |
|--|--|---|
| <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> <li>• augmentative and alternative communication devices, including speech generating devices (SGD) (See also Tablets for use as speech generating devices [SGD], below.)</li> </ul> | Yes  | No  |
| <b>Early Intervention Services</b>   | No   | No  |
| <b>Family Planning Services</b>  | No   | No  |
| <b>Fluoride Varnish</b> – Fluoride varnish applied to the teeth by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members younger than 21 years of age during a pediatric preventive care visit.   | No   | No  |
| <b>Hearing Aid Services</b>  | No, except for surgically implanted aids                             | No  |

| <b>MassHealth Family Assistance 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>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. | Yes  | No  |
| <b>Hospice Services</b> – Members should discuss their options for hospice services with MassHealth or their health plan.   | No   | No  |
| <b>Infertility Services</b> – Diagnosis of infertility and treatment of underlying medical condition.   | Yes  | No  |
| <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.   | No   | No  |
| <b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.   | Yes  | No  |
| <b>Medical Nutritional Therapy</b> – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are provided by a physician, licensed dietitian, licensed dietitian/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).             | No   | No  |

| <b>MassHealth Family Assistance 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>Nursing Facility Services</b> – Services in a nursing facility for up to 100 days per admission. After 100 days, members may be transferred from their 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.] Coverage is limited to six months, per MassHealth policy. | Yes  | No  |
| <b>Orthotic Services</b> – Nondental braces 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 members younger than 21 years of age</li> </ul>  | No   | No  |
| <b>Prosthetic Services</b> – Nondental devices meant to replace either a lower or upper external body part lost due to amputation or congenital deformities and meant to serve as a limb or total joint replacement.  | Yes  | No  |

| MassHealth Family Assistance 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 imaging (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>School Based Health Center Services</b> – All covered services delivered in School Based Health Centers (SBHCs).  | Yes  | 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   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <b>Tablets (for use as speech generating devices [SGD])</b> – State law provides limited coverage of tablets used as SGD for certain members younger than 21 years of age, who have a diagnosis of an Autism Spectrum Disorder and a severe expressive communication disorder and for whom an SGD is medically necessary, and a tablet is the most appropriate device. If a medical device covered as Durable Medical Equipment (DME) (made solely for a medical purpose) is more appropriate, the member may receive a medically necessary speech-generating medical device. [See description of Durable Medical Equipment (DME) above.] | Yes   | No   |
| <b>Therapy Services</b> – Therapy services include diagnostic evaluation and therapeutic intervention that 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   |
| <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>MassHealth Family Assistance 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>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 younger than 21 years of age. | No   | No  |
| <b>Diagnostic Services</b> – Diagnostic testing is performed to follow up when a risk is identified.  | Yes  | No  |
| <b>Dental Services</b>  |  |   |
| <b>Adult Dentures</b> – Full and partial dentures, and adjustments and repairs to those dentures, for members 21 years of age and older.  | No   | No  |
| <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.  | No   | No  |
| <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>Doula Services</b>   |  |   |
| <b>Doula Services</b> – Nonmedical emotional, informational, and physical support to pregnant, birthing, and postpartum members.  | Yes  | No  |

| <b>MassHealth Family Assistance 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>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>Vision Services</b>   |  |   |
| <b>Vision Care</b> – Includes <ul style="list-style-type: none"> <li>• Comprehensive eye exams once every year for members younger than 21 years of age and once every 24 months for members 21 years of age and older, 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> <li>• Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</li> </ul> | Yes, except for comprehensive eye exams                              | No  |
| <b>Pharmacy Services</b>   |  |   |
| <b>The items in this section are covered as listed on the MassHealth Drug List. Delivery of medications from pharmacy providers to a personal residence, including homeless shelters, may be available.</b>  |  |   |
| <b>Compounded Drugs</b>  | Yes  | No  |

| MassHealth Family Assistance Covered Services  | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|--|---|--|
| <b>Non-Drug Pharmacy Products</b>  | For Digital Therapy Products                                  | No   |
| <b>Over-the-Counter Medicines</b>  | No  | No   |
| <b>Prescription Drugs</b>  | Yes   | No   |
| <b>Behavioral Health Services</b>  |   |  |
| <b>Diversiónary 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 Family Assistance 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><br/>Behavioral health services provided through community-based, mobile paraprofessional staff to members.</p> <p>Community Support Program for Homeless Individuals (CSP-HI) – A specialized CSP service to address the health-related social needs of members who</p> <ul style="list-style-type: none"> <li>• are experiencing homelessness and are frequent users of acute health MassHealth services; or</li> <li>• 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   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <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 helps them move back to the community. The service provides coordinated treatment using a range of specialists.  | No  | No   |
| <b>Partial Hospitalization (PHP)</b> – These services offer short-term day mental health programming available seven days a 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 nonclinical 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 who help them start treatment. Recovery coaches also serve as a guide to help members maintain recovery and stay in the community.  | No  | No   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <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.  | No  | No   |
| <b>Structured Outpatient Addiction Program</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 members 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>  |   |  |
| <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>  |   |  |
| <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   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <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   |
| <b>Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> – 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 (specializing); 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  | No   |
| <b>Community Crisis Stabilization (CCS)</b> – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.   | No  | No   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <b>Transitional Care Unit (TCU)</b> – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents younger than 19 years of age 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.   | 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. | No  | No   |



| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <b>Residential Rehabilitation Services for Substance Use Disorders</b>  |   |  |
| <p><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 postpartum 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.</p> | No  | No   |
| <p><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.</p>   | No  | No   |

| <b>MassHealth Family Assistance 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>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 16 to 21 years of age or young adults ages 18 to 25 years of age 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>Youth Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth 13 to 17 years of age 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>  |  |   |
| <b>24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.</b>   |  |   |

| <b>MassHealth Family Assistance 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>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. Such services may include <ul style="list-style-type: none"> <li>specialized inpatient psychiatric services provided to children or adolescents with neurodevelopmental disorders who have severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions; and</li> <li>specialized inpatient psychiatric services provided to members with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder psychiatric settings.</li> </ul> | 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 that are used to assess, stabilize, and identify resources for members for up to 24 hours.   | No   | No  |

| MassHealth Family Assistance 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> |   |  |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <b>Standard Outpatient Services</b> – Outpatient services most often provided in an ambulatory setting.   |   |  |
| <b>Acupuncture Treatment</b> – The insertion of metal needles through the skin at certain points on the body as an aid to members 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>Applied Behavioral Analysis for members under 21 years of age (ABA Services)</b> – A service for a member younger than 21 years of age with Autism Spectrum Disorder (ASD) diagnosis. 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   |
| <b>Assessment for Safe and Appropriate Placement (ASAP)</b> – 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.  | 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>MassHealth Family Assistance 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>Collateral Contact</b> – A communication between a provider and individuals who are involved in the care or treatment of a member younger than 21 years of age. Providers may include school and day care personnel, state agency staff, and human services agency staff. | 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  |
| <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>Early Intensive Behavioral Intervention (EIBI) Services</b> – Provided to eligible children younger than three years of age who have a diagnosis of Autism Spectrum Disorder.   | Yes  | 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 member’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>MassHealth Family Assistance 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>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  |
| <b>Opioid Treatment Services</b> – Supervised assessment and treatment of a member, 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>Preventive Behavioral Health Services</b> – Short-term interventions in supportive group, individual, or family settings to cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, which may prevent the development of behavioral health conditions for members who are younger than 21 years old and have a positive behavioral health screen (or, in the case of an infant, a caregiver with a positive postpartum depression screening), even if the member does not meet criteria for a behavioral health diagnosis. | 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  |

| MassHealth Family Assistance Covered Services  | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|--|---|--|
| <b>Psychological Testing</b> – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.  | No  | No   |
| <b>Special Education Psychological Testing</b> – Testing used toward the development of, or to determine the need for, an Individualized Educational Program (IEP) for children.   | No  | No   |
| <b>Intensive Home and Community-Based Services for Youth</b>   |   |  |
| <b>Intensive behavioral health services provided to members in a community-based setting.</b>  |   |  |
| <p><b>In-Home Therapy Services</b> – This service for children that often is delivered in a teamed approach includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows:</p> <ul style="list-style-type: none"> <li>• <b>Therapeutic Clinical Intervention</b> – A therapeutic relationship between a Master’s level 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.</li> <li>• <b>Therapeutic Training and Support</b> – A service provided by paraprofessional working under the direction of the Master’s 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’s level clinician to support a treatment plan that addresses the child’s mental health and emotional challenges.</li> </ul> | No  | No   |



| MassHealth Family Assistance 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> – Available seven days per week, 24 hours a day to provide treatment for any member who is experiencing a mental health crisis. CBHCs can provide crisis services.   |   |  |
| <b>Adult Mobile Crisis Intervention (AMCI)</b> – Provides adult community-based behavioral health crisis assessment, intervention, stabilization, and follow-up for up to three days. AMCI services are available 24 hours a day, seven days a week, 365 days a year and are co-located at the CBHC site. Services are provided as mobile responses to the member (including in private residences) and provided via telehealth to members 21 years of age and older at the request of the member, or at the direction of the Behavioral Health Help Line when clinically appropriate. AMCIs operate adult community crisis stabilization programs with a preference for co-location of services. | No  | No   |
| <b>Behavioral Health Crisis Evaluation Services in Acute Medical Settings</b> – Crisis evaluations provided in medical and surgical inpatient and emergency department (ED) settings for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include <ul style="list-style-type: none"> <li>• Comprehensive Behavioral Health Crisis Assessment</li> <li>• Crisis Interventions</li> <li>• Discharge Planning and Care Coordination</li> <li>• Reporting and Community Collaboration</li> </ul>  | No  | No   |
| <b>Behavioral Health Crisis Management Services in Acute Medical Settings</b> – Crisis management services provided to members in medical and surgical inpatient and emergency department settings. Elements of crisis management include <ul style="list-style-type: none"> <li>• Crisis Interventions</li> <li>• Discharge Planning and Care Coordination</li> <li>• Ongoing Required Reporting and Community Collaboration</li> </ul>  | No  | No   |

| MassHealth Family Assistance Covered Services   | Prior authorization required for some or all of the services? | Referral required for some or all of the services? |
|---|---|--|
| <b>Youth Mobile Crisis Intervention (YMCI)</b> – A short-term service that is a mobile, on-site, face-to-face therapeutic response to youths younger than 21 years of age experiencing a behavioral health crisis and that includes follow-up for up to seven days. YMCIs are available 24 hours a day, seven days a week, 365 days a year and are co-located at the CBHC site. Services are provided as mobile responses to the member (including in private residences) and via telehealth when that is requested by the family and is clinically appropriate. YMCIs will have access to youth community crisis stabilization (YCCS) services. YMCIs must have the capacity to accept youths voluntarily entering the facility via ambulance or law enforcement drop-off through an appropriate entrance. | No  | No   |
| <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 member is under anesthesia.   | No  | 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>Specialing</b> – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the member's safety.   | Yes   | No   |

## **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 younger than 21 years of age. Such services are considered a Covered Service under the contract per Early Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

## **Contact MassHealth or WellSense**

If you have questions, please call WellSense Member Service Department at 888-566-0010 (English/Other Language), 888-566-0012 (Spanish) or TDD/TTY: 711, Monday - Friday from 8 a.m. to 6 p.m. You may also call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, Monday - Friday from 8 a.m. to 5 p.m.