

Covered Services List

for BMC HealthNet Plan Members with MassHealth Essential Coverage



12/11 5M ESST

This is a list of covered services and benefits for MassHealth Essential members enrolled in BMC HealthNet Plan. The list indicates for all the services and benefits whether they are covered by MassHealth or BMC HealthNet Plan and whether a prior authorization by BMC HealthNet Plan or a referral by your Primary Care Provider (PCP) is required.

You can also call BMC HealthNet Plan's Member Services Department at 1-888-566-0010 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for BMC HealthNet Plan's Member Services Department at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-888-217-3501 or TTY: 1-866-727-9441 for people with partial or total hearing loss.
- For more information about pharmacy services, go to BMC HealthNet Plan's pharmacy page at www.bmchp.org or call BMC HealthNet Plan's Member Services Department at 1-888-566-0010.
- For questions about dental services, please call 1-800-207-5019.

A "Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. Your PCP or specialist must get a prior authorization before you see a specialist who is affiliated with any of the following hospitals in BMC HealthNet Plan's provider network, unless your PCP and the specialist are both affiliated with the hospital: Beth Israel Deaconess Medical Center (all locations), Carney Hospital, Children's Hospital (all locations), Mount Auburn Hospital, St. Elizabeth's Medical Center, Tufts Medical Center, and Women and Infants Hospital of Rhode Island. If an authorization is required, it will be granted when care is not available at Boston Medical Center. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call BMC HealthNet Plan for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- go to MassHealth's Web site www.mass.gov/masshealth; or
- call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

| MassHealth Essential Covered Services for BMC HealthNet Plan Members | MassHealth Covered Service? Yes/No | BMC HealthNet Plan Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|--|---|--|
| Emergency Services | | | | |
| Emergency Transportation Services - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including 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 | Yes | No | No |
| Emergency Inpatient and Outpatient Services | No | Yes | No | No |
| Medical Services | | | | |
| Abortion Services | No | Yes | No | No |
| Acute Inpatient Hospital Services For MassHealth Members age 21 years of age and older this benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital. | No | Yes | Yes | No |
| Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services | No | Yes | Yes | No |

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|--|------------------------------------|--|---|--|
| Community Health Center Services For example: <ul style="list-style-type: none"> office visits for primary care and specialists OB/GYN and prenatal care pediatric services, including EPSDT health education medical social services vaccines not covered by Massachusetts Department of Public Health/MDPH tobacco cessation services diabetes self-management training fluoride varnish to prevent tooth decay in children and teens (available to members age under 21 once per 180 days) | No | Yes | No | No |
| <ul style="list-style-type: none"> nutrition services, including medical nutrition therapy | No | Yes | Yes | No |
| Dental Services | | | | |
| <ul style="list-style-type: none"> Emergency related dental care | No | Yes | No | No |
| <ul style="list-style-type: none"> oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition | No | Yes | Yes | No |
| <ul style="list-style-type: none"> Other dental services¹ | Yes | No | Yes | No |
| Dialysis Services | No | Yes | Yes | No |
| Durable Medical Equipment The purchase or rental of medical equipment, replacement parts, and repair for such items | No | Yes | Yes | No |
| Family Planning Services² | No | Yes | No | No |
| Laboratory Services Vaccines not covered by Massachusetts Department of Public Health/MDPH | No | Yes | Yes | No |
| Medical/Surgical Supplies | No | Yes | Yes | No |
| Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> outpatient surgical and related diagnostic, medical and dental services medical nutritional therapy therapy services (physical, occupational and speech) office visits for specialists | No | Yes | Yes See Section #4 of your Member Handbook for certain specific prior authorization requirements | No |
| <ul style="list-style-type: none"> office visits for primary care OB/GYN and prenatal care diabetes self-management training tobacco cessation services fluoride varnish to prevent tooth decay in children and teens (available to members age under 21 once per 180 days) | No | Yes | No | No |
| Oxygen & Respiratory Therapy Equipment | No | Yes | Yes | No |

If you have questions, call BMC HealthNet Plan's Member Services Department at 1-888-566-0010 (English and other languages) or 1-888-566-0012 (en español), (TTY: 1-866-765-0055 for people with partial or total hearing loss). Hours of operation are Monday through Friday, 8:00 a.m. to 6:00 p.m.

1. Members 21 and over are only eligible for emergency and certain non-emergency dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

2. A BMC HealthNet Plan member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of BMC HealthNet Plan's provider network.

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|--|------------------------------------|--|---|--|
| Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> office visits for primary care OB/GYN and prenatal care diabetes self-management training tobacco cessation services fluoride varnish to prevent tooth decay in children and teens (available to members age under 21 once per 180 days) <hr/> <ul style="list-style-type: none"> Office Visits for specialists medical nutritional therapy | No | Yes | No | No |
| Podiatrist Services (Foot Care) | No | Yes | Yes | No |
| Prosthetic Services | No | Yes | Yes | No |
| Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> X-Rays <hr/> <ul style="list-style-type: none"> magnetic resonance imagery (MRI) and other imaging studies radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service | No | Yes | No | No |
| Therapy Services For example: <ul style="list-style-type: none"> occupational therapy physical therapy speech/language therapy | No | Yes | Yes | No |
| Vision Care For example: <ul style="list-style-type: none"> comprehensive eye exams (once every 12 months for member under age 21; once every 24 months for members age 21 and over) vision training | No | Yes | No <hr/> Yes | No |
| Wigs – as prescribed by a physician related to a medical condition | No | Yes | Yes | No |
| Pharmacy Services (Medications) → See co-payment information on the last page. | | | | |
| Prescription Drugs (see drug list or formulary for certain non-covered drugs and other pharmacy programs) | No | Yes | Yes | No |
| Over-the-Counter Medicines (see drug list or formulary for certain non-covered over-the-counter medicines) | No | Yes | Yes | No |
| Behavioral Health (Mental-Health and Substance-Abuse) Services | | | | |
| Non-24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> community support programs partial hospitalization structured outpatient addiction program (SOAP) intensive outpatient program (IOP) psychiatric day treatment | No | Yes | Yes | No |
| 24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> crisis stabilization unit community-based acute treatment for children and adolescents (CBAT) acute treatment services for substance abuse (Level III.7) clinical support services – substance abuse (Level III.5) transitional care unit | No | Yes | Yes | No |

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|---|------------------------------------|--|---|--|
| Emergency Services (Inpatient and Outpatient) | No | Yes | No | No |
| Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> crisis assessment, intervention, and stabilization mobile crisis intervention for children under 21 medication evaluation specializing - a one-to-one monitoring service | No | Yes | No | No |
| Inpatient Services, such as: <ul style="list-style-type: none"> Inpatient mental health services Inpatient substance abuse services (Level IV) | No | Yes | Yes | No |
| Outpatient Services, such as: <ul style="list-style-type: none"> individual, group, and family counseling diagnostic evaluations <hr/> <ul style="list-style-type: none"> medication visits family and case consultations collateral contacts for children under age 21 narcotic-treatment services (including acupuncture) <hr/> <ul style="list-style-type: none"> psychological testing or special education psychological testing electro-convulsive therapy | No | Yes | 12 visits per year without authorization. Pre-Authorization is required for additional visits. No Yes | No |
| Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> in-home therapy services | No | Yes | Yes | No |
| Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services | | | | |
| Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under "Additional services for children." In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider. | No | Yes | No | No |

Co-payments:

Most members who are age 19 and older must pay the following pharmacy co-payments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

Members who do NOT have any co-payments:

These members do not have any co-payments:

- members under age 19;
- members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and
- Members who are receiving Inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay co-payments for family planning supplies (birth control).

Co-payment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1, 2011 – December 31, 2011 is \$200
- The co-payment cap from January 1, 2012 – December 31, 2012 will be \$250.

Call BMC HealthNet Plan's Member Services Department at 1-888-566-0010 (TTY: 1-866-765-0055 for people with partial or total hearing loss) for more information about co-payment exceptions. BMC HealthNet Plan will coordinate your MassHealth covered services.