

Covered Services List

for BMC HealthNet Plan Members with MassHealth Standard or CommonHealth Coverage



This is a list of covered services and benefits for MassHealth Standard or CommonHealth Coverage members enrolled in BMC HealthNet Plan¹. 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 Standard & CommonHealth 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

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 enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

MassHealth Standard & CommonHealth 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?
Adult Day Health Services Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> nursing services and health oversight assistance with activities of daily living nutritional and dietary services counseling services activities transportation 	Yes	No	Yes	Yes
Adult Foster Care Services Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> assistance with activities of daily living, instrumental activities of daily living and personal care supervision nursing oversight 	Yes	No	Yes	Yes
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
Audiologist (Hearing) Services	No	Yes	Yes	No
Chiropractor Services Limit of 20 office visits or chiropractic manipulative treatment or any combination thereof per plan year (October 1 – September 30)	No	Yes	No	No
Chronic Disease and Rehabilitation Inpatient Hospital Services²	No	Yes	Yes	No
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
Continuous Skilled Nursing Services Nursing services that require a nurse encounter of more than two continuous hours delivered by a home-health agency or an independent nurse provider	Yes	No	Yes	Yes
Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <ul style="list-style-type: none"> nursing services and health care supervision developmental skills training therapy services assistance with activities of daily living 	Yes	No	No	Yes

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2. If a BMC HealthNet Plan member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a Contract Year, you will be disenrolled from BMC HealthNet Plan and will receive such services from MassHealth instead of BMC HealthNet Plan

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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 services³ 	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
Early Intervention Services	No	Yes	No	No
Family Planning Services⁴	No	Yes	No	No
Group Adult Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and may include: <ul style="list-style-type: none"> assistance with activities of daily living, instrumental activities of daily living and personal care supervision nursing oversight 	Yes	No	Yes	Yes
Hearing Aid Services	No	Yes	Yes	No
Home Health Services	No	Yes	Yes	No
Hospice Services⁵	No	Yes	Yes	No
Laboratory Services Including vaccines not covered by the Massachusetts Department of Public Health (MDPH)	No	Yes	Yes	No
Medical/Surgical Supplies	No	Yes	Yes	No
Nursing Facility Services⁶	No	Yes	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	No	Yes	Yes	No

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

4. 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.

5. A BMC HealthNet Plan member can get hospice care (under age 21 must also provide curative treatment) from BMC HealthNet Plan or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from BMC HealthNet Plan and receive all of your health care services from MassHealth.

6. If an BMC HealthNet Plan member needs more than 100 days of Nursing Facility Services in a Contract Year, you will be disenrolled from BMC HealthNet Plan and will receive such services from MassHealth instead of BMC HealthNet Plan.

MassHealth Standard & CommonHealth 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?
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 <hr/> <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	Yes (See Section #4 of your Member Handbook for certain specific prior authorization requirements).	No
Oxygen & Respiratory Therapy Equipment	No	Yes	Yes	No
Personal Care Attendant (PCA) Services Consumer directed services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> • bathing • feeding • dressing • medication management 	Yes	No	Yes	Yes
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
	No	Yes	Yes	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
	No	Yes	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	No	Yes	Yes	No
Transportation Services (Non-Emergency)				
<ul style="list-style-type: none"> • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border 	Yes	No	Yes	No

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<ul style="list-style-type: none"> Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport a Member to a service that is located outside a 50-mile radius of the Massachusetts border 	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 eye glasses contact lenses and other visual aids 	No	Yes	No	No
<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 eye glasses contact lenses and other visual aids 	No Yes Yes	Yes No No	Yes Yes Yes	No No 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
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 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

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<p>Outpatient Services, such as:</p> <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	<p>12 visits per year without authorization; pre-authorization required for additional visits.</p> <hr/> <p>No</p> <hr/> <p>Yes</p>	No
<p>Intensive Home or Community Based Outpatient Services for Youth, such as:</p> <ul style="list-style-type: none"> • intensive care coordination (ICC) • family support and training • in-home therapy services • in-home behavioral services • therapeutic mentoring services 	No	Yes	Yes	No
<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services. There is more information about EPSDT Services in the section of the Member Handbook describing “Additional services for children.”</p>				
<p>Screening 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 that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.</p>	No	Yes	No	No
<p>Diagnosis and Treatment Services BMC HealthNet Plan pays for all medically necessary services⁷ that are covered by federal Medicaid law, even if the services are not provided by BMC HealthNet Plan. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, BMC HealthNet Plan will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a BMC HealthNet Plan-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from BMC HealthNet Plan to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child’s MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask BMC HealthNet Plan for prior authorization for the service. BMC HealthNet Plan uses this process to determine if the service is medically necessary. BMC HealthNet Plan will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under “Appeals and grievances.” Talk to your child’s PCP, behavioral health provider, or other specialist for help in getting these services.</p>	No	Yes	No	No

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7. MassHealth pays for all medically necessary MassHealth covered services.

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), antihypertensive (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, and;
- 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.