



Covered and Excluded Services List
MassHealth Standard

Get more!

Members of BMC HealthNet Plan get all the benefits that MassHealth provides. See your Covered and Excluded Services list in this handbook for a list of your BMC HealthNet Plan benefits. Plus, our Members get free healthcare information from highly trained registered nurses through our 24-hour Nurse Advice Line. And, qualified BMC HealthNet Plan Members get:

- Free infant/toddler car seats
- Free bicycle helmets for kids
- Free dental kits - annually for members 4 years and up
- Reimbursement for qualified gym membership fees and Weight Watchers® Programs: up to the amount described on our website: bmchp.org.

Section 2. Which Services Your Plan Covers

This is a list of all Covered Services and benefits for MassHealth Standard Members enrolled in BMC HealthNet Plan.¹ The list also indicates if a Prior Authorization is required by BMC HealthNet Plan and/or if a Referral by your Primary Care Provider (PCP) is necessary. Please note that it is BMC HealthNet Plan's responsibility to coordinate all Covered Services listed below. It is your responsibility to always carry your BMC HealthNet Plan and your MassHealth identification cards and show them to your provider at all appointments.

You can call BMC HealthNet Plan Member Services Department for more information about services and benefits.

- For questions about medical health services, please call BMC HealthNet Plan's Member Services Department at 1-888-566-0010 or TTY: 711 with partial or total hearing loss.
- 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 Member Services Department at 1-888-566-0010 or TTY: 711 for people with partial or total hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 1-800-207-5019 or TTY 1-800-466-7566 or Translation Services at 1-800-207-5019. Hours: 8:00 a.m. – 6:00 p.m.

“Yes” in either the “Prior Authorization Required for Some or All of the Services?” or the “Primary Care Physician (PCP) Referral Required for Some or All of the Services?” column means that Prior Authorization, or a PCP Referral (or both) is required for some or all of the services in the category. In addition, 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, St. Elizabeth's Medical Center, Tufts Medical Center., 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 this Member handbook.

Please keep in mind that services and benefits change from time to time. These Covered and Excluded Services Lists are 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 website www.mass.gov/masshealth; or
- Call MassHealth Member Services at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. – 5:00 p.m.

¹Members 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	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services - Medical and Behavioral Health		
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 Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment For relief of pain or anesthesia.	No	No
Acute Inpatient Hospital Services Includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.	Yes	No
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 • Therapy • Assistance with activities of daily living • Nutritional and dietary services • Counseling activities • Care management • Transportation 	*	*
Adult Dentures Full and partial dentures, and repairs to said dentures, for adults ages 21 and over	*	*
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 • Care management • Nursing services and oversight 	*	*
Ambulatory Surgery Services Outpatient, surgical, related diagnostic and medical and dental services	Yes	No
Audiologist (Hearing) Services	Yes	No
Breast Pumps Including double electric pumps, are provided to expectant and new mothers once per birth or as medically necessary or as determined by the member's requesting physicians and consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014.	Yes	No

Note: List is effective 10/1/16.

*These services are covered directly by MassHealth and may require authorization, however BMC HealthNet Plan will assist in the coordination of these services.

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Chiropractic Services Limit of 20 office visits or chiropractic manipulative treatment or any combination thereof	No	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 • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens • Vaccines/immunizations (HEP A & B) • Diabetes self-management training <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Nutrition services, including diabetes self-management training and medical nutrition therapy 	No	No
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 healthcare supervision • Developmental skills training • Therapy services • Assistance with activities of daily living 	*	*
Dental Services <ul style="list-style-type: none"> • Emergency related dental care <hr style="border-top: 1px dashed black;"/> <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 <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults 	No	No
Dialysis Services	No	No
Durable Medical Equipment Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	Yes
Early Intervention Services	No	No
Family Planning Services ²	No	No

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.

*These services are covered directly by MassHealth and may require authorization, however BMC HealthNet Plan will assist in the coordination of these services.

**If you are pregnant, you should contact MassHealth or BMC HealthNet Plan because you may qualify for additional benefits due to your pregnancy.

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/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 • Care management • Nursing services and oversight 	*	*
Hearing Aid Services	No, except for surgically implanted aids	No
Home Health Services	Yes	No
Hospice Services³	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition in certain cases. Please contact your MCO for additional information about coverage.	Yes	No
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	*	*
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes, for select labs	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. For individuals over age 21, certain limitations apply.	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 • Office visits for specialists • Therapy services (physical, occupational and speech) • Diabetes self-management training • Medical nutritional therapy <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Office visits for primary care • OB/GYN and prenatal care** • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens 	Yes (See Section 6 of this handbook for specific information on prior authorization requirements)	No
Oxygen & Respiratory Therapy Equipment	Yes	No

³ A BMC HealthNet Plan member can get hospice care 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 healthcare services from MassHealth.

*These services are covered directly by MassHealth and may require authorization, however BMC HealthNet Plan will assist in the coordination of these services.

**If you are pregnant, you should contact MassHealth or BMC HealthNet Plan because you may qualify for additional benefits due to your pregnancy.

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Personal Care Attendant Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> • Bathing • Dressing • Feeding • Medication management 	*	*
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services For example: <ul style="list-style-type: none"> • Office visits for primary care • Diabetes self-management training • Fluoride varnish to prevent tooth decay in children and teens • Office visit or specialty care • OB/GYN and prenatal care** • Tobacco cessation services • Medical nutritional therapy 	No	No
Podiatrist Services (Foot Care)	No	No
Private Duty Nursing/Continuous Skilled Nursing A nursing visit of more than two continuous hours of nursing services. This service can be provided be either a home health agency or Independent Nurse.	*	*
Prosthetic Services	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Rays • 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	No
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech/language therapy 	Yes	No
Transportation Services (Non-Emergency) <ul style="list-style-type: none"> • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border. • Non-emergent to out-of-state location – 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. 	*	*

⁴ BMC HealthNet Plan covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Plan Year. If you need Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from BMC HealthNet Plan and receive such services from MassHealth on a fee-for-service basis. Call BMC HealthNet Plan or MassHealth Member Services for more information.

*These services are covered directly by MassHealth and may require authorization, however BMC HealthNet Plan will assist in the coordination of these services.

**If you are pregnant, you should contact MassHealth or BMC HealthNet Plan because you may qualify for additional benefits due to your pregnancy.

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Vision Care For example: <ul style="list-style-type: none"> • Comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary • Vision training • Ocular prosthesis • Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Bandage lenses • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 	No Yes Yes Yes *	No No No No *
Wigs As prescribed by a physician related to a medical condition	Yes	No
Pharmacy Services (Medications) See co-payment information at the end of Section 2.		
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Use Disorder) Services		
Non-24 Hour Diversionary Services: <ul style="list-style-type: none"> • Community support programs • Partial hospitalization (PHP)*** • Structured outpatient addiction program (SOAP)*** • Intensive outpatient program (IOP)*** • Psychiatric day treatment 	Yes, except for PHP, IOP, and SOAP	No
24 Hour Diversionary Services: <ul style="list-style-type: none"> • Community crisis stabilization (CCS) • Community-based acute treatment for children and adolescents (CBAT) • Acute treatment services for substance use disorder (Level III.7) (ATS)*** • Enhanced acute treatment services for substance use disorder (EAT)*** • Clinical support services – substance abuse (Level III.5) (CSUS)*** • Transitional care unit (TCU) 	Yes, except for ATS, EAT, and CSUS	No
Emergency Services Program (ESP) Services: <ul style="list-style-type: none"> • Crisis assessment, intervention, and stabilization • Mobile crisis intervention for children under 21 – when your child is having a crisis and needs help right away. You can call 24/7. A trained team will come to your home, a school, or other place in the community to help with the crisis. The team may also be able to help you get other services for your child and family. If your child gets outpatient therapy, in-home therapy, or intensive care coordination and needs more help, he or she may be able to get in-home behavioral health services, therapeutic mentoring or family support and training. • Medication evaluation • Specializing – a one-to-one monitoring service 	No Yes, specializing only	No No
Inpatient Services: <ul style="list-style-type: none"> • Inpatient mental health services • Inpatient substance use disorder services (Level IV)*** 	Yes, except Level IV services	No

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Outpatient Services, such as: <ul style="list-style-type: none"> • Individual, couples, group, and family counseling • Diagnostic evaluations • Dialectical Behavioral Therapy (DBT) 	12 visits per year without authorization. Pre-Authorization required for additional visits.	No
<ul style="list-style-type: none"> • Medication visits • Family and case consultations • Collateral contacts for youth under age 21 • Narcotic-treatment services (including acupuncture)*** • Psychiatric Consultation on an Inpatient Medical Unit • Inpatient-Outpatient Bridge Visit • Acupuncture • Treatment Opioid Replacement Therapy*** • Ambulatory Detoxification (Level II.d)*** 	No	No
<ul style="list-style-type: none"> • Psychological testing or special education psychological testing • Electro-convulsive therapy • Assessment for Safe and Appropriate Placement (ASAP) • Applied Behavioral Analysis for members under 21 years of age (ABA Services) 	Yes	No
Intensive Home or Community-Based Outpatient Services for Youth: <ul style="list-style-type: none"> • Intensive care coordination (ICC) – for youth under 21 with serious emotional disturbances. In ICC, a Care Coordinator assists in coordinating the adults in the child’s life so that everyone is working together to help the child. Parents choose who is on the team, including professionals (counselors, social workers, teachers) and personal supports (friends or relatives). The parents may also ask for a “Family Partner”, a parent trained to make sure your voice is heard. Together, the team will help the parent and child reach the family’s goals. Children and youths get ICC services through Community Service Agencies (CSAs). There are 32 CSAs located throughout Massachusetts. Three (3) of the 32 CSAs are specially trained to serve Black, Latino, and deaf and hard-of-hearing children and youths. • Family support and training (Family Partners) – helps parents and caregivers help their youth under 21 reach treatment goals. Family Partners are not behavioral health professionals, they are parents or caregivers of children with special needs. They work closely with parents to help them get the services their children need. 	Yes	No

*These services are covered directly by MassHealth and may require authorization, however BMC HealthNet Plan will assist in the coordination of these services.

***Pursuant to the requirements of Section 19 of Chapter 258 of the Acts of 2014 and MassHealth policy, there are no Prior Authorization requirements for the following Substance Use Disorder Recovery Services:

- inpatient substance use disorder services (Level IV)
- enhanced acute treatment services for substance use disorder (EAT)
- acute treatment services for substance use disorder (Level III.7) (ATS)
- clinical support services – substance use disorder (Level III.5) (CSUS)
- Partial hospitalization (PHP)
- Structured Outpatient Addition Program (SOAP)
- Intensive Outpatient Program (IOP)
- outpatient counseling or ambulatory detoxification

MassHealth Standard & CommonHealth Covered Services for BMC HealthNet Plan Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<p>Intensive Home or Community-Based Outpatient Services for Youth (cont'd):</p> <ul style="list-style-type: none"> • In-home therapy services – aimed at working with the whole family, helping the parent to help the child. In-home therapy can help the child and family resolve conflicts, learn new ways to do things, make new routines, set limits, and find resources. • In-home behavioral services – aimed at assisting the family with a child who is repeating bothersome or harmful behavior. These services include a therapeutic mentor who will go with the child to the places where the child has the most trouble and teach him/her new skills, or better methods of interacting with other children and adults. • Therapeutic mentoring services – this service includes a therapeutic mentor who will go with the child to the places where the child has the most trouble and teach him/her new skills, or better methods of interacting with other children and adults. 	<p>Yes</p>	<p>No</p>
<p>Enrollees under age 21: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.</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 this 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>	<p>No</p>	<p>No</p>
<p>Diagnosis and Treatment Services BMC HealthNet Plan pays for all Medically Necessary services that are covered by federal Medicaid law, even if the services are not provided by BMC HealthNet Plan. This coverage includes healthcare, 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 this 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>	<p>No</p>	<p>No</p>

Most members who are age 21 and older must pay the following pharmacy co-payments:

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

Members who do NOT have pharmacy co-payments

These members do not have any co-payments:

- Members under age 21;
- 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 (your provider must notify the Plan, your pharmacist and MassHealth about your pregnancy) and;
- 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 hospitals, 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, Standard/CommonHealth members ages 21 and older have a co-payment cap (limit) of \$250 on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call BMC HealthNet Plan for more information.

Section 3. Which Services Your Plan Does Not Cover

Excluded Services

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by BMC HealthNet Plan:

1. Cosmetic surgery, except as determined by BMC HealthNet Plan to be necessary for:
 - a. Correction or repair of damage following an injury or illness;
 - b. Mammoplasty following a mastectomy; or
 - c. Any other medical necessity as determined by BMC HealthNet Plan. All such services determined by BMC HealthNet Plan to be Medically Necessary shall constitute a BMC HealthNet Plan Covered Service.
2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions.
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
 - a. Emergency Services;
 - b. Family Planning Services; and
 - c. Services provided to newborns during the period prior to notification of the newborn's enrollment by the Executive Office of Health and Human Services
6. Non-covered laboratory services.
7. Services provided outside the United States and its territories.
8. Services not otherwise covered by MassHealth, except as determined by BMC HealthNet Plan to be Medically Necessary for MassHealth Standard and CommonHealth enrollees under age 21.