



Covered and Excluded Services List for Fallon Health Members with MassHealth CarePlus Coverage

This is a list of all covered and excluded services and benefits for MassHealth CarePlus members enrolled in Fallon Health. The list also indicates if a prior authorization is required by Fallon Health and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is Fallon Health's responsibility to coordinate all covered and excluded services listed below. It is your responsibility to always carry your Fallon Health and your MassHealth identification cards and show them to your provider at all appointments.

You can call Fallon Health's Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for Customer Service at the bottom of every page of this covered and excluded services list.

- For questions about medical health services, please call Fallon Health at 1-800-341-4848 or TTY: TRS 711 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral health services, please call 1-888-421-8861 or TTY: TRS 711 for people with partial or total hearing loss.
- For more information about pharmacy services go to Fallon Health's drug list at www.fallonhealth.org or call Customer Service at 1-800-341-4848 or TTY: TRS 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 at 1-800-466-7566 or Translation Line at 1-800-207-5019. Hours: 8 a.m. to 6 p.m.

"Yes" in either the "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. 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 and Excluded Services List is for your general information only. Please call Fallon Health 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 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.

This Covered Services List is effective 10/1/14.

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MassHealth CarePlus Covered Services for Fallon Health Members	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 pain relief or anesthesia.	No 20 sessions per year without authorization; pre-authorization required for additional visits	No
Acute Inpatient Hospital Services This benefit is limited to acute hospital inpatient services, 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.	Yes	No
Ambulatory Surgery Services - outpatient surgical, related diagnostic and medical and dental services	Yes	No
Breast Pumps - to expectant and new mothers as specifically <i>prescribed by their attending physicians</i> , consistent with the provisions of the Affordable Care Act of 2010.	Yes	No
Chiropractic Services Limit of 20 office visits or chiropractic manipulative treatment or any combination thereof per plan benefit year (October 1- September 30)	Yes	No

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Community Health Center Services For example: <ul style="list-style-type: none"> • office visits for primary care • OB/GYN and prenatal care** • health education • medical social services • tobacco cessation services • vaccines/immunization (HEP A and B) • diabetes self-management training 	No	No
<ul style="list-style-type: none"> • office visits for specialists • nutrition services, including diabetes self-management training and medical nutrition therapy 	Yes	No
Dental Services <ul style="list-style-type: none"> • Emergency related dental care 	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 	Yes	No
<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. 	*	*
Dialysis Services	Yes	No
Durable Medical Equipment Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
Family Planning Services¹	No	No

¹ A Fallon Health member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of Fallon Health's provider network.

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Hearing Aid Services	Yes	No
Home Health Services	No	No
Hospice Services²	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	Yes	Yes
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	No	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	Yes	No

² A Fallon Health member can get hospice care from Fallon Health or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from Fallon Health and receive all of your health care services from MassHealth.

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<p>Outpatient Hospital Services Services provided at an outpatient hospital, for example:</p> <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 Specialty care • office visits for primary care 	Yes	No
<ul style="list-style-type: none"> • OB/GYN and prenatal care** • tobacco cessation services • diabetes self-management training 	No	No
Oxygen & Respiratory Therapy Equipment	Yes	No
<p>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services For example:</p> <ul style="list-style-type: none"> • office visits for primary • OB/GYN and prenatal care** • diabetes self-management training • tobacco cessation services 	No	No
<ul style="list-style-type: none"> • office visits for specialty care • medical nutritional therapy 	Yes	No
Podiatrist Services (Foot Care)	Yes	No
Prosthetic Services	Yes	No

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Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Ray 	No	Yes
<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. 	Yes	Yes
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services³	Yes	Yes
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* 	*	*
<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 an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border 	Yes	No

³ Fallon Health covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from Fallon Health and receive such services from MassHealth on a fee-for-service basis. If you need Skilled Nursing Facility Services beyond the 100 days provided by your health plan, you may qualify for MassHealth Standard. Call MassHealth Customer Service to see if you qualify; if you do, you will be disenrolled from Fallon Health and will receive such services from MassHealth instead of Fallon Health. Call Fallon Health or MassHealth Customer Service for more information.

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Vision Care <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. 	No	No
<ul style="list-style-type: none"> vision training, ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and 	Yes	No
<ul style="list-style-type: none"> bandage lenses 	Yes	No
<ul style="list-style-type: none"> Prescription and dispensing of ophthalmic materials*, including eye glasses and other visual aids, excluding contacts 	*	*
Wigs – as prescribed by a physician related to a medical condition	Yes	No
Pharmacy Services (Medications) See co-payment information on the last page.		
<ul style="list-style-type: none"> Prescription Medicines 	Yes	No
<ul style="list-style-type: none"> Over-the-Counter Medicines 	Yes	No
Behavioral Health (Mental Health and Substance Abuse) Services		
Non-24 Hour Diversionary Services: <ul style="list-style-type: none"> community support programs partial hospitalization structured outpatient addiction program (SOAP) intensive outpatient program (IOP) psychiatric day treatment 	Yes	No

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24 Hour Diversionary Services: <ul style="list-style-type: none"> • crisis stabilization unit • acute treatment services for substance abuse (Level III.7) • clinical support services – substance abuse (Level III.5) 	Yes Exception- Community crisis stabilization through Emergency Service Provider (ESP) requires authorization after the first day/night.	No
Emergency Services Program (ESP) Services: <ul style="list-style-type: none"> • crisis assessment, intervention, and stabilization • medication evaluation • specialing - a one-to-one monitoring service 	No Exception - Crisis stabilization requires authorization after first day or night.	No
Inpatient Services: <ul style="list-style-type: none"> • Inpatient mental health services • Inpatient substance abuse services (Level IV) 	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> • individual, group, and family counseling • diagnostic evaluations 	No for first 12 sessions, then authorization is required.	No
<ul style="list-style-type: none"> • medication visits • family and case consultations 	No	No
<ul style="list-style-type: none"> • psychological testing narcotic-treatment services (including acupuncture) • electro-convulsive therapy 	Yes	No

***These services are covered directly by MassHealth and may require authorization; however, Fallon Health will assist the coordination of these services.**

****If you are pregnant, you should contact MassHealth or Fallon Health because you will qualify for additional benefits due to your pregnancy.**

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Copayments:

Most members must pay the following pharmacy copayments:

- \$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 must have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered prescription generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name prescription drugs.

Members who do NOT have pharmacy copayments:

These members do not have any copayments:

- Pregnant women, or women whose pregnancy ended less than 60 days ago (You must notify your Pharmacist and MassHealth 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 hospitals, or intermediate-care facility for the developmentally delayed.

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

Co-payment Cap

Unless you don't need to pay a co-payment as described above, CarePlus members 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 Fallon Health for more information.

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 Fallon Health.

1. Cosmetic surgery, except as determined by Fallon Health 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 Fallon Health.

All such services determined by Fallon Health to be Medically Necessary shall constitute a Fallon Health 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
6. Non-covered laboratory services.
7. Services provided outside the United States and its territories
8. All of the following services:

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- Adult Day Health
- Adult Foster Care
- Day Habilitation
- Group Adult Foster
- Personal Care Attendant
- Private Duty Nursing/ Continuous Skilled Nursing

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