

# FCHP MassHealth Covered Services List



MassHealth Essential Coverage

## Covered Services List for Fallon Community Health Plan (FCHP) members with MassHealth Essential Coverage

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

You can also call FCHP Customer Service at 1-800-341-4848 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for FCHP Customer Service at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-341-4848 or (TTY users please call TRS Relay 711) for people with partial or total hearing loss.
- For more information about pharmacy services, go to FCHP's drug list at [www.fchp.org](http://www.fchp.org) or call FCHP Customer Service at 1-800-341-4848. 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. 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 FCHP 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](http://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 a.m. – 5 p.m.

*If you have questions, call FCHP Customer Service at **1-800-341-4848** (TTY users please call TRS Relay 711 for people with partial or total hearing loss). Hours of operation are Monday through Friday, 8 a.m. to 6 p.m.*

MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	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
<b>Emergency Services</b>				
<b>Emergency Transportation Services</b> - 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
<b>Emergency Inpatient and Outpatient Services</b>	No	Yes	No	No
<b>Medical Services</b>				
<b>Abortion Services</b>	No	Yes	No	No
<b>Acute Inpatient Hospital Services</b> For MassHealth Members age 21 years of age and older <b>this benefit is limited to</b> 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
<b>Ambulatory Surgery Services</b> - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
<b>Community Health Center Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines not covered by Massachusetts Department of Public Health/MDPH</li> </ul>	No	Yes	No	No

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<b>MassHealth Essential Covered Services for FCHP Members</b>	<b>MassHealth Covered Service? Yes/No</b>	<b>FCHP Covered Service Yes/No?</b>	<b>Prior Authorization Required for Some or All of the Services? Yes/No</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b>
<b>Dental Services</b>				
<ul style="list-style-type: none"> <li>Emergency related dental care and oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>	No	Yes	No	No
<ul style="list-style-type: none"> <li>Other dental services<sup>1</sup></li> </ul>	Yes	No	Yes	No
<b>Dialysis Services</b>	No	Yes	Yes	No
<b>Durable Medical Equipment -</b> The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
<b>Family Planning Services<sup>2</sup></b>	No	Yes	No	No
<b>Laboratory Services</b> vaccines not covered by Massachusetts Department of Public Health/MDPH	No	Yes	No	No
<b>Medical/Surgical Supplies</b>	No	Yes	No	No
<b>Outpatient Hospital Services</b> Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>Outpatient surgical and related diagnostic, medical and dental services</li> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>therapy services (physical, occupational and speech)</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	No	Yes	Yes	No
<b>Physician, Nurse Practitioner, and Nurse Midwife Services</b> For example: <ul style="list-style-type: none"> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> </ul>	No	Yes	No	No

<sup>1</sup> 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.

<sup>2</sup> An FCHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of FCHP's provider network.

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<ul style="list-style-type: none"> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul>				
<b>Podiatrist Services (Foot Care)</b>	No	Yes	Yes	No
<b>Prosthetic Services</b>	No	Yes	Yes	No
<b>Radiology and Diagnostic Services</b> For example: <ul style="list-style-type: none"> <li>X-Rays</li> <li>magnetic resonance imagery (MRI) and other imaging studies</li> <li>radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service</li> </ul>	No	Yes	Yes	No
<b>Therapy Services</b> For example: <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>	No	Yes	Yes	No
<b>Vision Care</b> For example: <ul style="list-style-type: none"> <li>comprehensive eye exams</li> <li>vision training</li> </ul>	No No	Yes Yes	No Yes	No No
<b>Wigs</b> – as prescribed by a physician related to a medical condition	No	Yes	Yes	No
<b>Pharmacy Services (Medications) → See copayment information on the last page.</b>				
<b>Prescription Drugs</b>	No	Yes	Yes	No
<b>Over-the-Counter Medicines</b>	No	Yes	No	No
<b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>				
<b>Non-24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>community support programs</li> <li>partial hospitalization</li> <li>structured outpatient addiction program (SOAP)</li> <li>intensive outpatient program (IOP)</li> <li>psychiatric day treatment</li> </ul>	No	Yes	Yes	No
<b>24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>crisis stabilization unit</li> <li>community-based acute treatment for children and adolescents (CBAT)</li> <li>acute treatment services for substance abuse (Level III.7)</li> <li>clinical support services – substance abuse (Level III.5)</li> <li>transitional care unit</li> </ul>	No	Yes	Yes  <b>Exception –</b> Community crisis stabilization through Emergency Service Provider (ESP) <b>requires authorization</b> After the first day/night.	No

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<b>MassHealth Essential Covered Services for FCHP Members</b>	<b>MassHealth Covered Service?  Yes/No</b>	<b>FCHP Covered Service Yes/No?</b>	<b>Prior Authorization Required for Some or All of the Services?  Yes/No</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services?  Yes/No</b>
<b>Emergency Services (Inpatient and Outpatient)</b>	No	Yes	<b>Yes</b> – for inpatient  <b>No</b> – for outpatient for first 12 sessions, then <b>authorization is required.</b>	No
<b>Emergency Services Program (ESP) Services, such as:</b> <ul style="list-style-type: none"> <li>• crisis assessment, intervention, and stabilization</li> <li>• mobile crisis intervention for children under 21</li> <li>• medication evaluation</li> <li>• specialing - a one-to-one monitoring service</li> </ul>	No	Yes	No  <b>Exception –</b> Crisis stabilization <b>requires authorization</b> after first day or night.	No
<b>Inpatient Services, such as:</b> <ul style="list-style-type: none"> <li>• Inpatient mental health services</li> <li>• Inpatient substance abuse services (Level IV)</li> </ul>	No	Yes	Yes	No
<b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>• individual, group, and family counseling</li> <li>• medication visits</li> <li>• family and case consultations</li> <li>• collateral contacts for children under age 21</li> <li>• diagnostic evaluations</li> <li>• psychological testing or special education psychological testing</li> <li>• narcotic-treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> </ul>	No	Yes	<b>No</b> for first 12 sessions, then authorization is required.  <b>Yes</b> for: <ul style="list-style-type: none"> <li>• Diagnostic evaluations</li> <li>• Psychological testing or special ed. psych. testing</li> <li>• narcotic treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> </ul>	No
<b>Intensive Home or Community Based Outpatient Services for Youth, such as:</b> <ul style="list-style-type: none"> <li>• in-home therapy services</li> </ul>	No	Yes	Yes	No

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<b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>				
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

**Copayments:**

Most members who are age 19 and older 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 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 copayments:**

These members do not have any copayments:

- 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 copayments for family planning supplies (birth control).

**Copayment cap**

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

- The copayment cap from January 1 – December 31, 2012, will be \$250.

Call FCHP Customer Service at **1-800-341-4848** (TTY users please call TRS Relay 711 for people with partial or total hearing loss) for more information about copayment exceptions. FCHP will coordinate your MassHealth covered services.

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