

## Prior Authorization (PA) and Referral requirements for Covered Services for Berkshire Fallon Health Collaborative Members with Family Assistance Coverage

This is a list of Prior Authorization and/or Referrals requirements for all covered services and benefits for Berkshire Fallon Health Collaborative (BFHC) MassHealth Family Assistance members enrolled in BFHC. BFHC will coordinate all covered services listed below. It is your responsibility to always carry your BFHC **and** your MassHealth identification cards and show them to your providers at all appointments.

You can call Fallon Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for Fallon Customer Service at the bottom of every page of this document.

**If you have questions about:            Please call:**

Medical Services	BFHC at 1-855-203-4660 or TTY: TRS 711 for people with partial or total hearing loss. See below for hours of operation.
Behavioral Health Services	1-888-877-7184 or TTY: TRS 711 for people with partial or total hearing loss.
Pharmacy Services	Go to Fallon’s drug list at fallonhealth.org call Fallon Customer Service at 1-855-203-4660 or TTY: TRS 711 for people with partial or total hearing loss.
Dental Services	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., Monday-Friday.

In the chart that follows, if the column under “**Prior Authorization (PA) Required for Some or All of the Services**” is marked with a “**Yes,**” some or all of these services will need Prior Authorization before receiving these services. Your provider will work with BFHC to request a PA. If the column under “**Primary Care Provider (PCP) Referral Required for Some or All of the Services?**” is marked “**Yes,**” then some or all of these services require a referral from your PCP before receiving these services.

Please keep in mind that services and benefits change from time to time. This PA and/or Referral Requirements for covered services listing is for your general information only. Please call BFHC 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](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.

This Covered Services List is effective 1/1/2021.

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<b>MassHealth Family Assistance Covered Services for ACO Members</b>	<b>Prior Authorization (PA) Required for Some or All of the Services? Yes or No</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No</b>
<b>Emergency Services – Medical and Behavioral Health</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 Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	NO	NO
<b>Emergency Inpatient and Outpatient Services</b>	NO	NO
<b>Emergency Services Programs</b> Medically Necessary services that are available seven days per week, 24 hours per day, to provide assessment, or treatment, or stabilization, or any combination of these services to any Enrollee who is experiencing a mental health or substance use disorder.	NO	NO
<b>Youth Mobile Crisis Intervention</b> Youth (under the age of 21)-serving component of an Emergency Services Program (ESP) provider.	NO	NO
<b>Medical Services</b>		
<b>Abortion Services</b>	*	*
<b>Acute Inpatient Hospital Services</b> Includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and includes Administratively Necessary Days (AND).	YES	NO
<b>Adult Dentures</b> Full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	*	*
<b>Ambulatory Surgery Services</b> Outpatient, surgical, related diagnostic and medical and dental services.	YES	NO
<b>Audiologist (Hearing) Services</b>	YES	NO

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<b>Breast Pumps</b> One per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically prescribed by their attending physicians and consistent with state and federal law.	YES	NO
<b>Chiropractic</b> - Chiropractic manipulative treatment, office visits, and radiology services. BFHC may establish a limit of 20 visits per Enrollee per Contract Year.	NO	NO
<b>Chronic or Rehabilitation Hospital Services</b> – services, for all levels of care, provided at either a chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. <sup>1</sup>	YES	YES
<b>Dental Services</b> <ul style="list-style-type: none"> <li>Emergency related dental care</li> </ul>	NO	NO
<ul style="list-style-type: none"> <li>Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults.</li> </ul>	*	*
<b>Dialysis Services</b>	NO	NO
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</li> <li>Enteral Nutritional Supplements (formula) may be covered under your Durable Medical Equipment (DME) Benefit.</li> </ul>	YES Supplies = NO	NO

<sup>1</sup> Fallon Health covers up to 100 days of a combination of Chronic Disease and Rehabilitation Hospital 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 dis-enrolled from Fallon Health and receive such services from MassHealth on a fee-for-service basis. Call Fallon Health or MassHealth Customer Service for more information.

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<b>Early Intervention</b> Child visits, center-based individual visits, community child group, early intervention – only child group, and parent-focused sessions; evaluation/assessments; and intake/screenings.	YES	NO
<b>Family Planning Services</b> <sup>2</sup>	NO	NO
<b>Hearing Aid Services</b>	YES	NO
<b>Home Health Services</b>	YES	NO
<b>Hospice Services</b> <sup>3</sup>	YES	NO
<b>Infertility</b> Diagnosis of infertility and treatment of underlying medical condition.	YES	YES
<b>Intensive Early Intervention Services</b> Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	*	*
<b>Laboratory Services</b> All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	NO	NO
<b>Orthotic Services</b> 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
<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>• Therapy services (physical, occupational and speech)</li> </ul>	NO	NO

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

<sup>3</sup> If you choose to receive hospice care from MassHealth you will be disenrolled from BFHC and receive all of your health services from MassHealth.

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<ul style="list-style-type: none"> <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>		
<ul style="list-style-type: none"> <li>• Office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> </ul>	YES	NO
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	YES	NO
<b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b> <b>For example:</b> <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> <li>• Tobacco cessation services</li> <li>• Fluoride varnish to prevent tooth decay in children and teens</li> </ul>	NO	NO
<b>Podiatrist Services (Foot Care)</b>	YES	NO
<b>Preventive Pediatric Health Screening and Diagnostic Services</b> Children, adolescents and young adults who are under 21 years old and are enrolled in the MassHealth Basic, Essential or Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services.	NO	NO
<b>Prosthetic Services</b>	YES	NO
<b>Radiology and Diagnostic Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• X-Rays</li> </ul>	NO	NO

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<ul style="list-style-type: none"> <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>	YES	YES
<b>Therapy Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	NO up to 60 combined OT/PT and 30 ST visits; YES after those numbers	NO
<b>Vision Care</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• Comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary;</li> </ul>	NO	NO
<ul style="list-style-type: none"> <li>• Vision training;</li> <li>• Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus;</li> <li>• Bandage lenses;</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts.</li> </ul>	*	*
<b>Wigs</b> As prescribed by a physician related to a medical condition	NO	NO
<b>Pharmacy Services</b>		
Prescription Medicines	YES	NO
Over-the-Counter Medicines	YES	NO

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<b>Behavioral Health (Mental Health and Substance Use Disorder) Services)</b>		
<b>Inpatient Services</b> 24-hour services that provide clinical intervention for mental health or substance use diagnoses. Types:		
<b>Inpatient Mental Health Services</b> Hospital services to evaluate and treat an acute psychiatric condition.	YES	NO
<b>Inpatient Substance Use Disorder Services (Level IV)</b> Hospital services that provide detoxification regimen of medically directed care and treatment.	YES	NO
<b>Observation/Holding beds</b> Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees.	YES	NO
<b>Administratively Necessary Day (AND) Services</b> day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	YES	NO
<b>Residential Rehabilitation Services (Level 3.1)</b>		
<b>Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> 24-hour residential environment that provides a structured and comprehensive rehabilitation environment.	*	*
<b>Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> 24-hour residential environment for families in which an Enrollee has a substance use disorder and is either pregnant, has custody of a child, or has a physical reunification plan.	*	*
<b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorder (Level 3.1)</b> 24-hour developmentally appropriate residential environment with enhanced staffing support designed for either Transitional Age Youth or Young Adults.	*	*

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<b>Youth Residential Rehabilitation Services for Substance Use Disorder (Level 3.1)</b> 24-hour developmentally appropriate residential environment with enhanced staffing support designed specifically designed for youth, ages 13-17.	*	*
<b>Population-Specific High Intensity Residential Services (Level 3.3.)</b> Enhanced 24-hour structured addiction treatment to serve Enrollees who require specialized, tailored programming due to cognitive and other functional impairments caused by co-morbid conditions (e.g. brain injury, fetal alcohol spectrum disorder, dementia, IV antibiotic treatment). This service may entail staffing, environment, and clinical programming modifications in order for Enrollees with cognitive or functional impairments to fully participate in treatment activities.	YES	YES
<b>Diversionsary Services</b> <b>Those mental health or substance use disorder services which are provided as an alternative to inpatient services or provided to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24 hours setting.</b>		
<b>24-hour Diversionsary Services</b>		
<b>Community Crisis Stabilization</b> Services provided as an alternative to hospitalization, providing 24-hour observation and supervision.	YES Exception-Community Crisis stabilization through Emergency Service Provider (ESP) requires authorization after the first day/night.	NO
<b>Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> Mental health services provided on a 24-hours basis with sufficient clinical safe to ensure safety for children or adolescents.	YES	NO

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<b>Acute Treatment Services (ATS) for Substance Use Disorders (Level III.7)</b> 24-hour medically monitored addiction treatment services that provide evaluation and withdrawal management.	YES	NO
<b>Clinical Support Services for Substance Use Disorders (Level III.5)</b> 24-hour treatment services which can be used independently or following an Acute Treatment Services for SUDs.	YES	NO
<b>Transitional Care Unit (TCU)</b> Community-based therapeutic programs offering high levels of supervision, support and intensity of service.	YES	NO
<b>Non-24-hour Diversionary Services</b>		
<b>Community Support Program (CSP)</b> An array of services delivered by a community-based, mobile multidisciplinary team.	YES	NO
<b>Partial Hospitalization (PHP)</b> An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week.	YES	NO
<b>Psychiatric Day Treatment</b> A program of a combination of diagnostic, treatment and rehabilitative services.	YES	NO
<b>Structure Outpatient Addiction Program (SOAP)</b> Clinically intensive, structured day and/or evening SUD services.	YES	NO
<b>Intensive Outpatient Program (IOP)</b> A clinically-intensive service designed to improve functional status, provide stabilization in the community, divert an admission to Inpatient Service.	YES	NO

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<p><b>Recovery Coaching</b>  A non-clinical service provided by peers who have SUD experience and are certified Recovery Coaches. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. Recovery Coaches meet with Enrollees and facilitate initiation and engagement to treatment and serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure.</p>	YES	NO
<p><b>Recovery Support Navigators</b>  A specialized care coordination service intended to engage Enrollees with SUD in accessing and continuing SUD treatment. RSNs may be located in a variety of Substance Use Disorder treatment environments, doing outreach and building relationships with individuals in programs, including withdrawal management and step-down services. If an Enrollee accepts RSN services upon leaving a Substance Use Disorder treatment program, the RSN will work with the individual on accessing appropriate treatment and staying motivated for treatment and recovery.</p>	YES	NO
<p><b>Program of Assertive Community Treatment (PACT)</b>  A multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Covered Individuals to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year.</p>	YES	NO

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<b>Outpatient Behavioral Health Services</b>		
<b>Family Consultation</b> Meeting with Enrollee’s family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan.	NO For first 12 sessions, then authorization is required.	NO
<b>Case consultation</b> A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan.	NO	NO
<b>Diagnostic Evaluation</b> An assessment of an Enrollee’s level of functioning to diagnose and design a treatment plan.	NO	NO
<b>Dialectical Behavioral Therapy (DBT)</b> An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies.	NO	NO
<b>Psychiatric Consultation on an Inpatient Medical Unit</b> Meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee’s mental status and consult on a behavioral health or psychopharmacological plan.	NO	NO
<b>Medication Visit</b> An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist.	NO	NO
<b>Couples/Family Treatment</b> Psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session.	NO	NO
<b>Group Treatment</b> Psychotherapeutic or counseling techniques in the treatment of a group.	NO	NO

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<b>Individual Treatment</b> Psychotherapeutic or counseling techniques in the treatment of an individual.	NO	NO
<b>Inpatient-Outpatient Bridge visit</b> Consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit.	NO	NO
<b>Assessment for Safe and Appropriate Placement (ASAP)</b> An assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists.	NO	NO
<b>Collateral Contact</b> A communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age.	NO	NO
<b>Acupuncture Treatment</b> The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction.	NO	NO
<b>Opioid Treatment Services</b> Medically monitored administration of methadone, Buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations.	NO	NO

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<p><b>Ambulatory Withdrawal Management (Level 2WM)</b>  Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.</p>	NO	NO
<p><b>Psychological testing</b>  The use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.</p>	NO	NO
<p><b>Special Education Psychological Testing</b>  Psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B.</p>	NO	NO
<p><b>Applied Behavioral Analysis for members under 21 years of age</b>  Service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior.</p>	NO	NO
<b>Other Behavioral Health Services</b>		
<p><b>Electro-Convulsive Therapy (ECT)</b>  A therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.</p>	YES	NO

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<b>Specialing</b> Therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	YES	NO

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

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

**\*\*\*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
- Acute treatment services for substance use disorder (Level III.7)
- Clinical support services – substance use disorder (Level III.5)
- Partial hospitalization
- Structured Outpatient Addition Program (SOAP)
- Intensive Outpatient Program (IOP)
- Outpatient counseling or ambulatory detoxification

**Copayments**

Most members must pay the following copayments:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics; and
- \$3.65 for each prescription and refill for all other generic and over-the-counter drugs, and all brand-name drugs covered by MassHealth. You may get up to a 90-day supply on most medications. Your copay will still be either \$1 or \$3.65 (as noted above) even for a 90-day supply.

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The following prescriptions and refills do not have any copayments:

- SUD treatment, such as Medication-Assisted Therapy (MAT) (for example, Suboxone or Vivtrol)
- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used for HIV prevention, and drugs used to prepare for a colonoscopy
- Certain vaccines and their administration
- Family planning supplies
- Products and drugs to help you stop smoking

Prescription and OTC drugs are the only benefit that may have copayments.

### **Members who do NOT have copayments**

These members do not have any copayments:

- Members with income at or below 50% of the federal poverty level
- Members who are eligible for MassHealth because they are getting certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. Specified by 130 CMR 506.015 and 130.520.037
- Members who are under 21 years old
- Members who are pregnant or who pregnancy has recently ended
- Members who are getting benefits under MassHealth Limited (emergency MassHealth)
- Members with MassHealth Senior Buy-In or MassHealth Standard, and are getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- Members in a long-term care facility
- Members getting hospice services
- Members who were a foster care child and are eligible for MassHealth Standard, until age 21 or 26 (specified by 130 CMR 505.002(H))
- Members who are American Indian or an Alaska Native, or
- Members who are in another exempt category (specified by 130 CMG 506.015 or 130 CMR 520.037).

### **Copayment Cap**

Members are responsible for the copayments described on the left, up to the following maximums:

- \$250 for pharmacy services per calendar year

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Members do not need to pay any more copayments once they have reached their annual pharmacy cap of \$250 for the year. MassHealth will send members a letter when they reach the copayment cap. If the pharmacy tries to charge the member any more copayments that year, the member should show the pharmacy the letter and the pharmacy should not charge the copayment. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center on Monday through Friday from 8:00 a.m. to 5:00 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

### **Members who CANNOT pay the copayment**

The pharmacy cannot refuse to give members their medicine even if they cannot pay the copayment. However, the pharmacy can bill members later for the copayment. Members must call Fallon Health Customer Service at 1-855-203-4660 (TTY: TRS 711 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8 a.m. to 6 p.m.

### **Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth.

- Cosmetic surgery, except as determined by MassHealth to be necessary for:
  - correction or repair of damage following an injury or illness;
  - mammoplasty following a mastectomy; or
  - any other medical necessity as determined by MassHealth.
- Treatment for infertility, including but not limited to, in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- Personal comfort items including air conditioners, radios, telephones, and televisions
- A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - Emergency Services
  - Family Planning Services
- Non-covered laboratory services

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