Network Health Together®

Covered Services List
COVERED SERVICES LISTS

MassHealth CarePlus, MassHealth Family Assistance, and MassHealth Standard or CommonHealth Coverage

Please refer to the following pages for exact details and/or limitations, including prior authorization requirements for Network Health members with MassHealth CarePlus, Family Assistance, and Standard or CommonHealth coverage. Each plan may have different covered services and benefits available to Network Health members.

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Covered Services List
for Network Health Members with MassHealth CarePlus Coverage

This is a list of covered services and benefits for MassHealth CarePlus members enrolled in Network Health. The list also indicates the services for which your primary care provider (PCP) will need to get prior authorization from Network Health, and the services for which you will need a referral from your PCP, before you can get the service or benefit. Note: It is Network Health’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your Network Health and your MassHealth identification cards and show them to your provider at all appointments.

You can call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535, for people with partial or total hearing loss) for more information about services and benefits. You can find Network Health’s phone number and hours of operation at the bottom of every page of this Covered Services List.

- For questions about medical health services, please call Network Health’s member services team at 888-257-1985.
- For questions about behavioral health (mental health and/or substance abuse) services, please call 888-257-1985.
- For more information about pharmacy services, visit Network-Health.org and review Network Health’s Preferred Drug List or call Network Health’s member services team at 888-257-1985.
- For questions about dental services, please call DentaQuest Customer Service at 800-207-5019 or Translation Services at 800-207-5019, Monday through Friday, from 8 a.m. to 6 p.m.

A “Yes” in either the “Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?” column or the “Is a Referral Required from Your Primary Care Provider (PCP) 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. Most covered services don’t need prior authorization if the provider is in network. You can find more information about prior 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 Network Health at 888-257-1985 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 at mass.gov/masshealth;
- Call MassHealth Customer Service at 800-841-2900 (TTY: 800-497-4648, for people with partial or total hearing loss), Monday through Friday, from 8 a.m. to 5 p.m.

<table>
<thead>
<tr>
<th>MassHealth CarePlus Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from Your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services — Medical and Behavioral Health</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Transportation Services</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ambulance (air and land) transport that generally is</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>not scheduled, but is needed on an emergency basis,</td>
<td></td>
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<tr>
<td>including specialty care transport that is an</td>
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<tr>
<td>ambulance transport of a critically injured or ill</td>
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<td></td>
</tr>
<tr>
<td>member from one facility to another, requiring care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beyond the scope of a paramedic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Inpatient and Outpatient Services</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

If you have questions, call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535), Monday through Friday, from 8 a.m to 5 p.m.
<table>
<thead>
<tr>
<th>MassHealth CarePlus Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from Your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Acupuncture Treatment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Covered for pain relief or anesthesia for up to 20 visits per benefit year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Inpatient Hospital Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>This benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding administratively necessary days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient surgical, and related diagnostic, medical, and dental services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiologist (Hearing) Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Community Health Center Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits for primary care and specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB/GYN and prenatal care (if you are pregnant, you should contact MassHealth or Network Health because you will qualify for additional benefits due to your pregnancy)</td>
<td></td>
<td></td>
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<tr>
<td>Health education</td>
<td></td>
<td></td>
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<tr>
<td>Medical social services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition services, including diabetes self-management training and medical nutrition therapy</td>
<td></td>
<td></td>
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<tr>
<td>Tobacco cessation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines/immunization (Hepatitis A and B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency-related dental care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral surgery performed in an outpatient hospital or ambulatory surgery setting that is medically necessary to treat an underlying medical condition</td>
<td></td>
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</tr>
<tr>
<td>Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dialysis Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment and Medical/Surgical Supplies</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Family-planning Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Health members may obtain family-planning services at any MassHealth family-planning services provider, even if the provider is outside of Network Health’s provider network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Aid Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*These services are covered directly by MassHealth and may require prior authorization and/or referrals. Network Health will assist in the coordination of these services.

If you have questions, call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535), Monday through Friday, from 8 a.m to 5 p.m.
### MassHealth CarePlus Covered Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from Your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Health Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>Network Health members can get hospice care from Network Health or MassHealth. Choosing to get hospice care from MassHealth means no longer being a Network Health member and getting all of your health care services from MassHealth.</td>
<td></td>
</tr>
<tr>
<td><strong>Infertility</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Infertility</strong></td>
<td>Covered only for the diagnosis of infertility and treatment of an underlying medical condition. Other infertility services and their diagnosis/treatment are not covered, including in vitro fertilization (IVF), gamete intra-fallopian tube (GIFT), reversal of voluntary sterilization, and sperm banking.</td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td>All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.</td>
<td></td>
</tr>
<tr>
<td><strong>Orthotic Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Orthotic Services</strong></td>
<td>Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. Certain limitations may apply.</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Services provided at an outpatient hospital. For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Outpatient surgical and related diagnostic, medical, and dental services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Office visits for primary care and specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OB/GYN and prenatal care (if you are pregnant, you should contact MassHealth or Network Health because you will qualify for additional benefits due to your pregnancy)</td>
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<tr>
<td></td>
<td>• Therapy services (physical, occupational, and speech)</td>
<td></td>
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<tr>
<td></td>
<td>• Diabetes self-management training</td>
<td></td>
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<tr>
<td></td>
<td>• Medical nutritional therapy</td>
<td></td>
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<tr>
<td></td>
<td>• Tobacco cessation services</td>
<td></td>
</tr>
<tr>
<td><strong>Oxygen and Respiratory Therapy Equipment</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physician (Primary Care Providers and Specialty), Nurse Practitioners Acting as Primary Care Providers, and Nurse Midwife Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physician (Primary Care Providers and Specialty), Nurse Practitioners Acting as Primary Care Providers, and Nurse Midwife Services</strong></td>
<td>For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Office visits for primary care and specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OB/GYN and prenatal care (if you are pregnant, you should contact MassHealth or Network Health because you will qualify for additional benefits due to your pregnancy)</td>
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<tr>
<td></td>
<td>• Diabetes self-management training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical nutritional therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tobacco cessation services</td>
<td></td>
</tr>
<tr>
<td><strong>Podiatrist Services (Foot Care)</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<th>Is a Referral Required from Your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prosthetic Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Radiology and Diagnostic Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-rays</td>
<td></td>
<td></td>
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<tr>
<td>• Magnetic resonance imagery (MRI) and other imaging studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Radiation oncology services performed at a radiation oncology center (ROC) which is independent of an acute outpatient hospital or physician service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Health covers up to 100 days of a combination of Skilled Nursing and 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 Network 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 Network Health, you may qualify for MassHealth Standard. Call MassHealth Customer Service for more information.</td>
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<td></td>
</tr>
<tr>
<td><strong>Therapy Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Occupational therapy</td>
<td></td>
<td></td>
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<tr>
<td>• Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech/language therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation Services (Non-Emergency)</strong></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>• Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport a member to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-emergency transportation to out-of-state location by 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.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comprehensive eye exams once every 24 months, and whenever medically necessary</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Vision training</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Ocular prosthesis</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Bandage lenses</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Wigs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As prescribed by a physician related to a medical condition.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Pharmacy Services (Medications)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See co-payment information on the last page.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Medicines</strong></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC) Medicines</strong></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Behavioral Health (Mental Health and/or Substance Abuse) Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-24-Hour Diversionary Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community support programs</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Partial hospitalization</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Structured outpatient addiction program (SOAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intensive outpatient program (IOP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychiatric day treatment</td>
<td></td>
<td></td>
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<tr>
<td><strong>24-Hour Diversionary Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crisis stabilization unit</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Acute treatment services for substance abuse (Level III.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clinical support services for substance abuse (Level III.5)</td>
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<td></td>
</tr>
</tbody>
</table>

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**MassHealth CarePlus Covered Services**

<table>
<thead>
<tr>
<th>Emergency Services Program (ESP) Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from Your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Crisis assessment, intervention, and stabilization</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Medication evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialing, a one-to-one monitoring service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inpatient mental health services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Inpatient substance abuse services (Level IV)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Services</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>For example:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Individual, group, and family counseling</td>
<td></td>
<td></td>
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<tr>
<td>• Medication visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family and case consultations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic evaluations</td>
<td></td>
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<tr>
<td>• Psychological testing</td>
<td></td>
<td></td>
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<tr>
<td>• Narcotic-treatment services (including acupuncture)</td>
<td></td>
<td></td>
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<tr>
<td>• Electro-convulsive therapy</td>
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</tr>
</tbody>
</table>

The first 12 in-network outpatient behavioral health (mental health and/or substance abuse) visits do not require prior authorization.

**Co-payments:**
Most members who are age 21 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), antihypertensives (such as lisinopril), and antihyperlipidemics (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
- $3.65 for both first-time prescriptions and refills of covered brand-name drugs

**Members who do NOT have pharmacy co-payments:**
These members do not have any co-payments:

- Members under age 21
- 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 members who are currently receiving or have 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
- 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).

If you have questions, call Network Health’s member services team at **888-257-1985** (TTY: 888-391-5535), Monday through Friday, from 8 a.m to 5 p.m.
**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 (January 1 – December 31). In addition, there is also a co-payment cap based on your quarterly (three-month) income. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

Call Network Health’s member services team at **888-257-1985** (TTY: 888-391-5535) for more information about co-payment exceptions. Network Health will coordinate your MassHealth-covered services.

**Services not covered**

MassHealth and Network Health don’t cover the following services, except where indicated below.

- Cosmetic surgery, except when determined to be medically necessary for:
  - Correcting or repairing damage after an injury or illness that occurred while you were a MassHealth member
  - Mammaplasty after a mastectomy
- Infertility services unrelated to diagnosing or treating an underlying medical condition
- Gender reassignment surgery and services, drugs, or supplies related to such surgery
- Experimental and investigational treatments — please see page 21 of the Member Handbook for more information
- Personal comfort items, including air conditioners, radios, telephones, and televisions
- Services MassHealth doesn’t cover, except what Network Health thinks is necessary for MassHealth members under age 21
- Any service you get from someone other than a Network Health provider or at the direction of someone other than a Network Health provider, except for:
  - Emergency services
  - Post-stabilization care services
  - Family-planning services
  - Services for newborns before the newborn is enrolled in Network Health
- Certain noncovered laboratory services
- Services that are available through other sources
- Services received outside of the U.S. and its territories
Covered Services List
for Network Health Members with MassHealth Family Assistance Coverage

This is a list of covered services and benefits for MassHealth Family Assistance members enrolled in Network Health. The list also indicates the services for which your primary care provider (PCP) will need to get prior authorization from Network Health, and the services for which you will need a referral from your PCP, before you can get the service or benefit. Note: It is Network Health’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your Network Health and your MassHealth identification cards and show them to your provider at all appointments.

You can call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535, for people with partial or total hearing loss) for more information about services and benefits. You can find Network Health’s phone number and hours of operation at the bottom of every page of this Covered Services List.

- For questions about medical health services, please call Network Health’s member services team at 888-257-1985.
- For questions about behavioral health (mental health and/or substance abuse) services, please call 888-257-1985.
- For more information about pharmacy services, visit Network-Health.org and review Network Health’s Preferred Drug List or call Network Health’s member services team at 888-257-1985.
- For questions about dental services, please call DentaQuest Customer Service at 800-207-5019 or Translation Services at 800-207-5019, Monday through Friday, from 8 a.m. to 6 p.m.

A “Yes” in either the “Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?” column or the “Is a Referral Required from your Primary Care Provider (PCP) 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. Most covered services don’t need prior authorization if the provider is in network. You can find more information about prior 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 Network Health at 888-257-1985 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 at mass.gov/masshealth;
- Call MassHealth Customer Service at 800-841-2900 (TTY: 800-497-4648, for people with partial or total hearing loss), Monday through Friday, from 8 a.m. to 5 p.m.

<table>
<thead>
<tr>
<th>MassHealth Family Assistance Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services — Medical and Behavioral Health</td>
<td>No/No</td>
<td>No/No</td>
</tr>
<tr>
<td>Emergency Transportation Services</td>
<td>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.</td>
<td>No/No</td>
</tr>
<tr>
<td>Emergency Inpatient and Outpatient Services</td>
<td>No/No</td>
<td>No/No</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Yes/Yes</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Abortion Services</td>
<td>Yes/Yes</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Acute Inpatient Hospital Services</td>
<td>this benefit is limited to acute hospital inpatient services of up to 20 days per admission.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<tr>
<th>MassHealth Family Assistance Covered Services</th>
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<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgery Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Audiolgist (Hearing) Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chronic Disease and Rehabilitation Hospital Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Center Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ambulatory Surgery Services</td>
<td>Outpatient, surgical, and related diagnostic, medical, and dental services.</td>
<td></td>
</tr>
<tr>
<td>Audiologist (Hearing) Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Disease and Rehabilitation Hospital Services</td>
<td>Network Health covers up to 100 days of a combination of 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 Network Health, you will be disenrolled from Network Health and receive such services from MassHealth on a fee-for-service basis. Call Network Health or MassHealth Customer Service for more information.</td>
<td></td>
</tr>
<tr>
<td>Community Health Center Services</td>
<td>For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Office visits for primary care and specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OB/GYN and prenatal care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatric services, including Preventive Pediatric Screening and Diagnosis Services (PPHSD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical social services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nutrition services, including diabetes self-management training and medical nutrition therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tobacco cessation services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluoride varnish to prevent tooth decay in children and teens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vaccines/immunizations (Hepatitis A and B)</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency-related dental care</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting that is medically necessary to treat an underlying medical condition</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Dialysis Services</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Durable Medical Equipment and Medical/Surgical Supplies</td>
<td>Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</td>
<td>Yes</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

*These services are covered directly by MassHealth and may require prior authorization and/or referrals. Network Health will assist in the coordination of these services.

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Family-planning Services</strong>&lt;br&gt;Network Health members may obtain family-planning services at any MassHealth family-planning services provider, even if the provider is outside of Network Health’s provider network.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hearing Aid Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hospice Services</strong>&lt;br&gt;Network Health members can get hospice care (and if under the age of 21, curative treatment) from Network Health or MassHealth. Choosing to get hospice care from MassHealth means no longer being a Network Health member and getting all of your health care services from MassHealth.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Infertility</strong>&lt;br&gt;Covered only for the diagnosis of infertility and treatment of an underlying medical condition in certain cases. Other infertility services and their diagnosis/treatment are not covered, including in vitro fertilization (IVF), gamete intra-fallopian tube (GIFT), reversal of voluntary sterilization, and sperm banking. Please call us for additional information about coverage.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Intensive Early Intervention Services</strong>&lt;br&gt;Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong>&lt;br&gt;All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Orthotic Services</strong>&lt;br&gt;Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individual over age 21, certain limitations apply.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong>&lt;br&gt;Services provided at an outpatient hospital.&lt;br&gt;For example:&lt;br&gt;• Outpatient surgical and related diagnostic, medical, and dental services&lt;br&gt;• Office visits for primary care and specialists&lt;br&gt;• OB/GYN and prenatal care&lt;br&gt;• Therapy services (physical, occupational, and speech)&lt;br&gt;• Diabetes self-management training&lt;br&gt;• Medical nutritional therapy&lt;br&gt;• Tobacco cessation services&lt;br&gt;• Fluoride varnish to prevent tooth decay in children and teens</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Oxygen and Respiratory Therapy Equipment</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
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<tr>
<td><strong>Physician (Primary Care Providers and Specialty), Nurse Practitioners Acting as Primary Care Providers, and Nurse Midwife Services</strong>&lt;br&gt;For example:&lt;br&gt;• Office visits for primary care and specialists&lt;br&gt;• OB/GYN and prenatal care&lt;br&gt;• Diabetes self-management training&lt;br&gt;• Medical nutritional therapy&lt;br&gt;• Tobacco cessation services&lt;br&gt;• Fluoride varnish to prevent tooth decay in children and teens</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Podiatrist Services (Foot Care)</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Prosthetic Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Radiology and Diagnostic Services</strong>&lt;br&gt;For example:&lt;br&gt;• X-rays&lt;br&gt;• Magnetic resonance imagery (MRI) and other imaging studies&lt;br&gt;• Radiation oncology services performed at a radiation oncology center (ROC) which is independent of an acute outpatient hospital or physician service</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Therapy Services</strong>&lt;br&gt;For example:&lt;br&gt;• Occupational therapy&lt;br&gt;• Physical therapy&lt;br&gt;• Speech/language therapy</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Vision Care</strong>&lt;br&gt;For example:&lt;br&gt;• Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary&lt;br&gt;• Vision training&lt;br&gt;• Ocular prosthesis&lt;br&gt;• Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus&lt;br&gt;• Bandage lenses&lt;br&gt;• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Wigs</strong>&lt;br&gt;As prescribed by a physician related to a medical condition.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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*These services are covered directly by MassHealth and may require prior authorization and/or referrals. Network Health will assist in the coordination of these services.*

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<tbody>
<tr>
<td><strong>Pharmacy Services (Medications)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See co-payment information on the last page.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Medicines</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC) Medicines</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Behavioral Health (Mental Health and/or Substance Abuse) Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-24-Hour Diversionary Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Community support programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partial hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Structured outpatient addiction program (SOAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intensive outpatient program (IOP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychiatric day treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24-Hour Diversionary Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Crisis stabilization unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community-based acute treatment for children and adolescents (CBAT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Acute treatment services for substance abuse (Level III.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clinical support services for substance abuse (Level III.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transitional care unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services Program (ESP) Services</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Crisis assessment, intervention, and stabilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mobile crisis intervention for children under 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medication evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialing, a one-to-one monitoring service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Inpatient mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient substance abuse services (Level IV)</td>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual, group, and family counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medication visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family and case consultations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collateral contacts for children under age 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychological testing or special education psychological testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Narmac-treatment services (including acupuncture)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Electro-convulsive therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The first 12 in-network outpatient behavioral health (mental health and/or substance abuse) visits do not require prior authorization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intensive Home- or Community-based Outpatient Services for Youth</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• In-home therapy services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Screening Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children who are under the age of 21 should go to their primary care provider (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 (mental health and/or substance abuse), 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 “Preventive and well-child care 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 (mental health and/or substance abuse), even if it is not time for a regular checkup. Children under age 21 are also entitled to regular visits with a dental provider.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If you have questions, call Network Health’s member services team at **888-257-1985** (TTY: 888-391-5535), Monday through Friday, from 8 a.m to 5 p.m.
Co-payments:
Most members who are age 21 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), antihypertensives (such as lisinopril), and antihyperlipidemics (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
- $3.65 for both first-time prescriptions and refills of covered brand-name drugs

Members who do NOT have pharmacy co-payments:
These members do not have any co-payments:
- Members under age 21
- 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 members who are currently receiving or have 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
- 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, Family Assistance members have a co-payment cap (limit) of $250 on the co-payments pharmacies can charge each calendar year (January 1 – December 31). In addition, there is also a co-payment cap based on your quarterly (three-month) income. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

Call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535) for more information about co-payment exceptions. Network Health will coordinate your MassHealth-covered services.
Services not covered
MassHealth and Network Health don’t cover the following services, except where indicated below.

- Cosmetic surgery, except when determined to be medically necessary for:
  - Correcting or repairing damage after an injury or illness that occurred while you were a MassHealth member
  - Mammaplasty after a mastectomy
- Infertility services unrelated to diagnosing or treating an underlying medical condition
- Gender reassignment surgery and services, drugs, or supplies related to such surgery
- Experimental and investigational treatments — please see page 21 of the Member Handbook for more information
- Personal comfort items, including air conditioners, radios, telephones, and televisions
- Services MassHealth doesn’t cover, except what Network Health thinks is necessary for MassHealth members under age 21
- Any service you get from someone other than a Network Health provider or at the direction of someone other than a Network Health provider, except for:
  - Emergency services
  - Post-stabilization care services
  - Family-planning services
  - Services for newborns before the newborn is enrolled in Network Health
- Certain noncovered laboratory services
- Services that are available through other sources
- Services received outside of the U.S. and its territories

If you have questions, call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535), Monday through Friday, from 8 a.m to 5 p.m.
Covered Services List
for Network Health Members with MassHealth Standard or CommonHealth Coverage

This is a list of covered services and benefits for MassHealth Standard and CommonHealth members enrolled in Network Health. The list also indicates the services for which your primary care provider (PCP) will need to get prior authorization from Network Health, and the services for which you will need a referral from your PCP, before you can get the service or benefit. Note: It is Network Health’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your Network Health and your MassHealth identification cards and show them to your provider at all appointments.

You can call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535, for people with partial or total hearing loss) for more information about services and benefits. You can find Network Health’s phone number and hours of operation at the bottom of every page of this Covered Services List.

- For questions about medical health services, please call Network Health’s member services team at 888-257-1985.
- For questions about behavioral health (mental health and/or substance abuse) services, please call 888-257-1985.
- For more information about pharmacy services, visit Network-Health.org and review Network Health’s Preferred Drug List or call Network Health’s member services team at 888-257-1985.
- For questions about dental services, please call DentaQuest Customer Service at 800-207-5019 or Translation Services at 800-207-5019, Monday through Friday, from 8 a.m. to 6 p.m.

A “Yes” in either the “Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?” column or the “Is a Referral Required from Your Primary Care Provider (PCP) 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. Most covered services don’t need prior authorization if the provider is in network. You can find more information about prior 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 Network Health at 888-257-1985 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 at mass.gov/masshealth; or
- Call MassHealth Customer Service at 800-841-2900 (TTY: 800-497-4648, for people with partial or total hearing loss), Monday through Friday, from 8 a.m. to 5 p.m.

<table>
<thead>
<tr>
<th>MassHealth Standard or CommonHealth Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services — Medical and Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Transportation Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Inpatient and Outpatient Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Medical Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Network Health 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.

If you have questions, call Network Health’s member services team at 888-257-1985 (TTY: 888-391-5535), Monday through Friday, from 8 a.m. to 5 p.m.
<table>
<thead>
<tr>
<th>MassHealth Standard or CommonHealth Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Acupuncture Treatment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Acupuncture Treatment</td>
<td>Covered for pain relief or anesthesia for up to 20 visits per benefit year.</td>
<td></td>
</tr>
<tr>
<td>Acute Inpatient Hospital Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Acute Inpatient Hospital Services</td>
<td>For MassHealth members 21 years of age and older, this benefit is limited to acute hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inpatient services of up to 20 days per admission, excluding administratively necessary days.</td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td>Center-based services offered by adult day health providers may include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nursing services and health oversight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assistance with activities of daily living</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nutritional and dietary services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Counseling activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Care management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
<td></td>
</tr>
<tr>
<td>Adult Foster Care Services</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Adult Foster Care Services</td>
<td>Residential-based services offered by adult foster care providers may include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assistance with activities of daily living, instrumental activities of daily living and personal care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Care management nursing and overnight</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ambulatory Surgery Services</td>
<td>Outpatient surgical and related diagnostic, medical, and dental services.</td>
<td></td>
</tr>
<tr>
<td>Audiologist (Hearing) Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Center Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Center Services</td>
<td>For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Office visits for primary care and specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OB/GYN and prenatal care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatric services, including Early and Periodic Screening, Diagnosis, and Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(EPSDT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical social services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nutrition services, including diabetes self-management training and medical nutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tobacco cessation services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluoride varnish to prevent tooth decay in children and teens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vaccines/immunization (Hepatitis A and B)</td>
<td></td>
</tr>
</tbody>
</table>

*These services are covered directly by MassHealth and may require prior authorization and/or referrals. Network Health will assist in the coordination of these services.

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<table>
<thead>
<tr>
<th>MassHealth Standard or CommonHealth Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Habilitation Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center-based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nursing services and health care supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental skills training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Therapy services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assistance with activities of daily living</td>
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<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency-related dental care</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting that is medically necessary to treat an underlying medical condition</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Dialysis Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment and Medical/Surgical Supplies</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Including, but not limited to, the purchase or rental of medical equipment, replacement parts, and repair for such items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Early Intervention Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Family-planning Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Health members may obtain family-planning services at any MassHealth family-planning services provider, even if the provider is outside of our provider network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group Adult Foster Care Services</strong></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Services provided by group adult foster care providers are offered in a group supported-housing environment and may include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assistance with activities of daily living, instrumental activities of daily living, and personal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nursing oversight</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Aid Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Health members can get hospice care (and if under the age of 21, curative treatment) from Network Health or MassHealth. Choosing to get hospice care from MassHealth means no longer being a Network Health member and getting all of your health care services from MassHealth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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If you have questions, call Network Health’s member services team at **888-257-1985** (TTY: 888-391-5535), Monday through Friday, from 8 a.m. to 5 p.m.
### MassHealth Standard or CommonHealth Covered Services

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<thead>
<tr>
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<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infertility</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Covered only for the diagnosis of infertility and treatment of an underlying medical condition. Other infertility services and their diagnosis/treatment are not covered, including in vitro fertilization (IVF), gamete intra-fallopian tube (GIFT), reversal of voluntary sterilization, and sperm banking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intensive Early Intervention Services</strong></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthotic Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided at an outpatient hospital. For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient surgical and related diagnostic, medical, and dental services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office visits for primary care and specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OB/GYN and prenatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Therapy services (physical, occupational, and speech)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diabetes self-management training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical nutritional therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tobacco cessation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fluoride varnish to prevent tooth decay in children and teens</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oxygen and Respiratory Therapy Equipment</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Personal Care Attendant (PCA) Services</strong></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Consumer-directed services to assist members with activities of daily living and instrumental activities of daily living. For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medication management</td>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>Physician (Primary Care Provider and Specialty), Nurse Practitioners Acting as Primary Care Providers, and Nurse Midwife Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Office visits for primary care and specialists</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• OB/GYN and prenatal care</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Diabetes self-management training</td>
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<td>• Medical nutritional therapy</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Tobacco cessation services</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Fluoride varnish to prevent tooth decay in children and teens</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Podiatrist Services (Foot Care)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Duty Nursing/Continuous Skilled Nursing</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>A nursing visit of more than two continuous hours of nursing services. This service can be provided by either a home health agency or independent nurse.</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prosthetic Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Radiology and Diagnostic Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• X-rays</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Magnetic resonance imagery (MRI) and other imaging studies</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Radiation oncology services performed at a radiation oncology centers (ROC) which is independent of an acute outpatient hospital or physician service.</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Skilled Nursing Facility and Chronic Disease and Rehabilitation Hospital Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Network Health covers up to 100 days of a combination of Skilled Nursing and Chronic Disease and Rehabilitation Hospital Services in a contract year, you will be disenrolled from Network Health and will receive such services from MassHealth. Call Network Health or MassHealth customer service for more information.</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For example:</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Occupational therapy</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Physical therapy</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Speech/language therapy</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transportation Services (Non-Emergency)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>• Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport a member to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border.</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Non-emergency transportation to out-of-state location by 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.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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## MassHealth Standard or CommonHealth Covered Services

<table>
<thead>
<tr>
<th>Vision Care</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example:</td>
<td>* Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>* Vision training</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>* Ocular prosthesis</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>* Contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>* Bandage lenses</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>* Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</td>
<td>*</td>
</tr>
<tr>
<td>Wigs</td>
<td>As prescribed by a physician related to a medical condition.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Pharmacy Services

See co-payment information at the end of this document.

### Prescription Medicines

<table>
<thead>
<tr>
<th></th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Over-the-Counter (OTC) Medicines

|  | Yes | Yes |

### Behavioral Health (Mental Health and/or Substance Abuse) Services

<table>
<thead>
<tr>
<th>Non-24-Hour Diversionary Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community support programs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Partial hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structured outpatient addiction program (SOAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive outpatient program (IOP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric day treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24-Hour Diversionary Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis stabilization unit</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community-based acute treatment for children and adolescents (CBAT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute treatment services for substance abuse (Level III.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced acute treatment services for substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical support services – substance abuse (Level III.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional care unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These services are covered directly by MassHealth and may require prior authorization and/or referrals. Network Health will assist in the coordination of these services.

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<table>
<thead>
<tr>
<th>MassHealth Standard or CommonHealth Covered Services</th>
<th>Does Your Primary Care Provider (PCP) Need to Get Prior Authorization for Some or All of the Services?</th>
<th>Is a Referral Required from your Primary Care Provider (PCP) for Some or All of the Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Services Program (ESP) Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crisis assessment, intervention, and stabilization</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Mobile crisis intervention for children under 21</td>
<td></td>
<td></td>
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<tr>
<td>• Medication evaluation</td>
<td></td>
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<tr>
<td>• Specialing, a one-to-one monitoring service</td>
<td></td>
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<tr>
<td><strong>Inpatient Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Inpatient mental health services</td>
<td></td>
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<tr>
<td>• Inpatient substance abuse services (Level IV)</td>
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<tr>
<td><strong>Outpatient Services</strong></td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>For example:</td>
<td></td>
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<tr>
<td>• Individual, group, and family counseling</td>
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<tr>
<td>• Medication visits</td>
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<tr>
<td>• Family and case consultations</td>
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<td></td>
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<tr>
<td>• Collateral contacts for children under age 21</td>
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<td></td>
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<tr>
<td>• Diagnostic evaluations</td>
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<tr>
<td>• Psychological testing or special education</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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<tr>
<td>• Medication evaluation</td>
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<td></td>
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<tr>
<td>• Narcotic-treatment services (including acupuncture)</td>
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<td></td>
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<tr>
<td>• Electro-convulsive therapy</td>
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<tr>
<td>The first 12 in-network outpatient behavioral health (mental health and/or substance abuse) visits do not require prior authorization.</td>
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<tr>
<td><strong>Intensive Home or Community Based Outpatient Services for Youth</strong></td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>• Intensive care coordination (ICC)</td>
<td></td>
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<tr>
<td>• Family support and training</td>
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<tr>
<td>• In-home therapy services</td>
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<tr>
<td>• In-home behavioral services</td>
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<tr>
<td>• Therapeutic mentoring services</td>
<td></td>
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<tr>
<td><strong>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Screening Services</strong></td>
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<tr>
<td>Members who are under the age of 21 should go to their primary care provider (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 (mental health and/or substance abuse), 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 “Preventive and well-child care for children.” In addition, members should also visit their PCP any time there is a concern about their medical or behavioral health (mental health and/or substance abuse), even if it is not time for a regular checkup. Members under the age of 21 are also entitled to regular visits with a dental provider.</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Diagnosis and Treatment Services</td>
<td>Yes</td>
<td>Yes</td>
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Network Health pays for all medically necessary services that are covered by federal Medicaid law, even if Network Health does not provide the services. 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 primary care provider (PCP) (or any other clinician) discovers a health condition, Network Health will pay for any medically necessary treatment covered under Medicaid law if a qualified provider is willing to provide the service and a Network Health-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can ask Network Health to help 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 typically 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 Network Health for prior authorization for the service. Network Health uses prior authorizations to determine if the service is medically necessary. Network Health will pay for the service if prior authorization is given. If prior authorization is not approved, you have the right to appeal. More information about appeals is in your Member Handbook under “Prior Authorizations.” Talk to your child’s PCP, behavioral health provider, or other specialist for help in getting these services.

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Co-payments:
Most members who are age 21 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), antihypertensives (such as lisinopril), and antihyperlipidemias (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 covered generic and OTC drugs
• $3.65 for both first-time prescriptions and refills of covered brand-name drugs

Members who do NOT have pharmacy co-payments:
These members do not have any co-payments:
• Members under age 21
• 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 members who are currently receiving or have 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
• 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, Standard and CommonHealth members have a co-payment cap (limit) of $250 on the co-payments pharmacies can charge each calendar year (January 1 – December 31). In addition, there is also a co-payment cap based on your quarterly (three-month) income. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

Call Network Health’s member services team at **888-257-1985** (TTY: 888-391-5535) for more information about co-payment exceptions. Network Health will coordinate your MassHealth-covered services.
Services not covered
MassHealth and Network Health don’t cover the following services, except where indicated below.

- Cosmetic surgery, except when determined to be medically necessary for:
  - Correcting or repairing damage after an injury or illness that occurred while you were a MassHealth member
  - Mammaplasty after a mastectomy
- Infertility services unrelated to diagnosing or treating an underlying medical condition
- Experimental and investigational treatments — please see page 21 of the Member Handbook for more information
- Personal comfort items, including air conditioners, radios, telephones, and televisions
- Services MassHealth doesn’t cover, except what Network Health thinks is necessary for MassHealth members under age 21
- Any service you get from someone other than a Network Health provider or at the direction of someone other than a Network Health provider, except for:
  - Emergency services
  - Post-stabilization care services
  - Family-planning services
  - Services for newborns before the newborn is enrolled in Network Health
- Certain noncovered laboratory services
- Services that are available through other sources
- Services received outside of the U.S. and its territories

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