

Prior Authorization (PA) and Referral Requirements for Covered Services for Berkshire Fallon Health Collaborative with MassHealth CarePlus Coverage

This is a list of prior authorization and/or referral requirements for all covered services and benefits for MassHealth CarePlus members enrolled in Berkshire Fallon Health Collaborative (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 Health Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for Fallon Health 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 TRS 711 for people with partial or total hearing loss. Hours: 8 a.m.-6 p.m., Monday-Friday
Behavioral Health Services	1-888-877-7184 or TRS 711 for people with partial or total hearing loss
Pharmacy Services	Go to Fallon’s drug list at fallonhealth.org/Berkshires or call Fallon Health 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.-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,**” then 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 note that as of April 1, 2024, there are no copays for any MassHealth-covered service.

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 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-Friday, 8 a.m.–5 p.m.

This Covered Services List is effective 1/1/2025.

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MassHealth CarePlus Covered Services	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Emergency Services		
Emergency Inpatient and Outpatient Services	NO	NO
Medical Services		
Abortion Services	*	*
Acupuncture Treatment For use for pain relief or anesthesia	NO 20 sessions per year without authorization; Prior Authorization required for additional visits	NO
Acute Inpatient Hospital Services Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures (May require pre-screening.)	YES	NO
Acute Outpatient Hospital Services Services in a hospital's outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	YES	YES
Ambulatory Surgery Services Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure	YES	NO
Audiologist (Hearing) Services Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	YES	NO
Chiropractic Services Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays)	NO	NO

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<p>Chronic Disease and Rehabilitation Hospital (CDRH) Services Services in a chronic disease hospital or rehabilitation hospital for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a CDRH and a Nursing Facility will be treated as 1 admission. In those cases, 100 days of combined CDRH and Nursing Facility Services is covered.]</p>	YES	NO
<p>Community Health Center Services Examples include:</p> <ul style="list-style-type: none"> • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education 	YES	YES
<p>Diabetes Self-Management Training Diabetes self-management training and education services furnished by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians) to an individual with pre-diabetes or diabetes</p>	NO	YES
<p>Dialysis Services Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis</p>	YES	NO
<p>Durable Medical Equipment (DME)</p> <ul style="list-style-type: none"> • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items • Enteral Nutritional Supplements (formula) and breast pumps (1 per birth or as medically necessary) are covered under your DME 	YES Med supplies = NO	NO

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benefit.		
Family Planning Services	NO	NO
Hearing Aid Services	YES	NO
Home Health Services Skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	YES	NO
Hospice Services Members should discuss their options for hospice services with MassHealth or their health plan.	YES	NO
Infertility Services Diagnosis of infertility and treatment of underlying medical condition	YES	YES
Isolation and Recovery Site Services Services received by a member in an Isolation and Recovery site. This is a location such as a hotel or motel that contracts with EOHHS to provide safe, isolated lodging for members with a COVID-19 diagnosis.	*	*
Laboratory Services All services necessary for the diagnosis, treatment, and prevention of disease and for the maintenance of health	NO	NO
Medical Nutritional Therapy Nutritional, diagnostic, therapy, and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners)	NO	YES
Nursing Facility Services Services in a nursing facility for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a Nursing Facility and a CDRH will be	YES	NO

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treated as 1 admission. In those cases, 100 days of combined Nursing Facility and CDRH services is covered.]		
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	YES	NO
Oxygen and Respiratory Therapy Equipment	YES	NO
Podiatrist Services Services for foot care	YES	NO
Primary Care (provided by member's PCC or PCP) Examples include: <ul style="list-style-type: none"> • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services 	NO	NO
Prosthetic Services Non-dental devices meant to replace either a lower or upper external body part lost due to amputation or congenital deformities and meant to serve as limb or total joint replacement	YES	NO
Radiology and Diagnostic Services Examples include: <ul style="list-style-type: none"> • X-Rays 	NO	YES
<ul style="list-style-type: none"> • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service 	YES	YES
Remote Patient Monitoring (COVID-19 RPM) Bundled services to facilitate home monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate 7 days of close, in-home monitoring	NO	NO

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of members with confirmed or suspected COVID-19.		
Specialists Examples include: <ul style="list-style-type: none"> • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy 	NO	NO
Therapy Services Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech/language therapy 	NO up to 60 combined OT/PT and 30 ST visits; YES after those numbers	NO
Tobacco Cessation Services Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT)	NO	NO
Urgent Care Clinic Services	NO	NO
Vaccine Counseling Services	NO	NO
Wigs As prescribed by a physician and related to a medical condition	NO	NO
Dental Services		
Adult Dentures Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over*	*	*
Diagnostic, Preventive, Restorative, and Major Dental Services Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults	*	*
Emergency-Related Dental Care	NO	NO
Oral Surgery	YES	NO

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Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition		
Doula Services		
Doula Services Non-medical emotional, informational, and physical support to pregnant, birthing, and postpartum members	*	*
Transportation Services		
Transportation Services - Emergency Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from 1 facility to another, requiring care beyond the scope of a paramedic).	NO	NO
Transportation Services - Non-Emergency Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	*	*
Vision Services		
Vision Care Includes: <ul style="list-style-type: none"> Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary 	NO	NO
<ul style="list-style-type: none"> Vision training Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus Bandage lenses 	YES	NO
<ul style="list-style-type: none"> Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts 	*	*
Pharmacy Services		
The items in this section are covered as listed on the MassHealth Drug List. Delivery of medications from pharmacy providers to a personal residence, including homeless shelters, may be available.		
Compounded drugs	YES	NO

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Non-drug pharmacy products	YES	NO
Over-the-counter medicines	YES	NO
Prescription drugs	YES	NO
Health Related Social Needs (HRSN) Supplemental Services		
HRSN Supplemental Nutrition Services		
Nutritionally Appropriate Food Boxes These are healthy groceries. Often, they are a box of fruits and vegetables.	NO	NO
HRSN Supplemental Housing Services		
Housing Navigation This service can help a person who is having housing problems to talk to their landlord, get legal help, or find a new place to live.	NO	NO
Behavioral Health Services		
Diversionsary Services Mental health and substance use disorder services that are provided as clinically appropriate alternatives to behavioral health inpatient services to support a member returning to the community after a 24-hour acute placement, and to provide intensive support to maintain functioning in the community. There are 2 categories of diversionsary services: those provided in a 24-hour facility and those provided in a non-24-hour setting or facility.		
Non 24-hour Diversionsary Services		
Community Support Program (CSP) and Specialized CSP Programs Behavioral health services provided through community-based, mobile paraprofessional staff to members	YES	NO
Community Support Program for Homeless Individuals (CSP-HI) A specialized CSP service to address the health-related social needs of members who: <ul style="list-style-type: none"> • Are experiencing homelessness and are frequent users of acute health MassHealth services; or • Are experiencing chronic homelessness, as defined by the U.S. Department of Housing and Urban Development 	YES	NO
Community Support Program for Individuals with Justice		

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<p>Involvement (CSP-JI) A specialized CSP service to address the health-related social needs of members with justice involvement who have a barrier to accessing or consistently using medical and behavioral health services.</p> <p>Community Support Program Tenancy Preservation Program (CSP-TPP) A specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation.</p>		
<p>Intensive Outpatient Program (IOP) A clinically intensive service that follows a discharge from an inpatient stay, helps members avoid readmission to an inpatient service, and helps them move back to the community. The service provides coordinated treatment using a range of specialists.</p>	NO	NO
<p>Partial Hospitalization (PHP) These services offer short-term day mental health programming available 7 days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	YES	NO
<p>Program of Assertive Community Treatment (PACT) A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, 7 days a week, 365 days a year, as needed.</p>	YES	NO
<p>Psychiatric Day Treatment Mental health services for members who do not need an inpatient hospital stay, but who need more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and</p>	YES	NO

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rehabilitative services.		
Recovery Coaching A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.	YES	NO
Recovery Support Navigators (RSN) Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.	NO	NO
Structured Outpatient Addiction Program (SOAP) Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.	NO	NO
24 Hour Diversionary Services Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
Acute Treatment Services (ATS) for Substance Use Disorders Services used to treat substance use disorders on a 24-hour, 7 days a week basis. Services may include assessment, use of approved medications for addictions, individual and group counseling, educational groups, and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.	NO	NO
Clinical Support Services for Substance Use Disorders 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include	NO	NO

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education and counseling, outreach to families and significant others, medications for treating substance use disorders, referrals to primary care and community supports, and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.		
Community Crisis Stabilization (CCS) Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	YES Exception-Community Crisis stabilization through Emergency Service Provider (ESP) requires authorization after the first day/night.	NO
Transitional Support Services (TSS) for Substance Use Disorders A 24-hour, short-term intensive case management and psychoeducational residential program with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization before they are placed in a residential or community-based program. Members with co-occurring physical health, mental health, and substance use disorders are eligible for coordination of transportation and referrals to providers to ensure treatment for these conditions. Pregnant members are eligible for coordination of their obstetric care.	*	*
Residential Rehabilitation Services for Substance Use Disorder		
Adult Residential Rehabilitation Services for Substance Use Disorders Services for substance use disorder offered in a 24-hour residential setting. Services include at least 5 hours of individual or group therapy each week, case management, education, and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental	YES	NO

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groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.		
Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders Services provided in a 24-hour, safe, structured setting in the community. These services support the member's recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.	YES	NO
Family Residential Rehabilitation Services for Substance Use Disorders Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.	YES	NO
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders Services provided in a 24-hour residential setting for youth ages 16 to 21, or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include individual or group therapy, case management, education, and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	YES	NO
Inpatient Services 24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both		
Administratively Necessary Day (AND) Services Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include	YES	NO

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appropriate continuing clinical services.		
<p>Inpatient Mental Health Services Inpatient hospital services to evaluate and treat acute psychiatric conditions. Such services may include:</p> <ul style="list-style-type: none"> Specialized inpatient psychiatric services provided to children or adolescents with neurodevelopmental disorders who have severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions; and Specialized inpatient psychiatric services provided to members with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder psychiatric settings 	YES	NO
<p>Inpatient Substance Use Disorder Services Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions</p>	NO	NO
<p>Observation/Holding Beds Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members</p>	YES	NO
<p>Outpatient Behavioral Health Services Mental health and substance use disorder services provided in-person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner’s office. The services may also be provided at a member’s home or school. Some providers of these services offer extended hours at night or during weekends through behavioral health urgent care centers. They can offer new client assessments on the same or next day, appointments for existing clients with an urgent behavioral health need on the same or next day, medication appointments within 72 hours of an initial assessment, and follow-up appointments within 14 calendar days. These services may also be provided at a community behavioral health center (CBHC). CBHCs offer crisis, urgent, and routine substance use disorder and mental health services, care coordination, peer supports, screening, and coordination with primary care. A CBHC will provide access to same-day and next-day services and expanded service hours including evenings and weekends. A CBHC must provide services to adults and youths, including infants and young children, and their families. See also “crisis services.”</p>		
<p>Standard Outpatient Services</p>		

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Outpatient services most often provided in an ambulatory setting		
Acupuncture Treatment The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances	YES	NO
Ambulatory Withdrawal Management Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened	NO	NO
Case Consultation A meeting between the treating provider and other behavioral health clinicians or the member's primary care physician, concerning a member. The meeting is used to identify and plan for additional services, coordinate or revise a treatment plan, and review the individual's progress.	NO	NO
Couples/Family Treatment Therapy and counseling to treat a member and their partner or family in the same session	YES After 12 Initial Encounters are exhausted	NO
Diagnostic Evaluation An assessment of a member's functioning, used to diagnose and to design a treatment plan	YES After 12 Initial Encounters are exhausted	NO
Dialectical Behavioral Therapy (DBT) Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder	YES	NO
Family Consultation A meeting with family members or others who are important to the member and to a member's treatment. The meeting is used to identify and plan for additional services, coordinate or revise a treatment plan, and review the individual's progress.	NO	NO
Group Treatment Therapy and counseling to treat unrelated individuals in a group setting	NO	NO

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Individual Treatment Therapy or counseling to treat an individual on a 1-to-1 basis	YES After 12 Initial Encounters are exhausted	NO
Inpatient-Outpatient Bridge Visit A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	YES After 12 Initial Encounters are exhausted	NO
Medication Visit A visit to evaluate the appropriateness of the member's prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects	NO	NO
Opioid Treatment Services Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	NO	NO
Psychiatric Consultation on an Inpatient Medical Unit A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member's mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	NO	NO
Psychological Testing Standardized tests used to assess a member's cognitive, emotional, neuropsychological, and verbal functioning	YES	NO
Crisis Services Available 7 days a week, 24 hours a day to provide treatment for any member who is experiencing a mental health crisis. CBHCs can provide crisis services.		
Adult Mobile Crisis Intervention (AMCI) Encounter Provides adult community-based behavioral health crisis assessment, intervention, stabilization, and follow-up for up to 3 days. AMCI services are available 24 hours a day, 7 days a week, 365 days a year and are	NO	NO

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co-located at the CBHC site. Services are provided as mobile responses to the member (including in private residences) and provided via telehealth to members 21 years of age and older at the request of the member, or at the direction of the Behavioral Health Help Line when clinically appropriate. AMCIs operate adult community crisis stabilization programs with a preference for co-location of services.		
Behavioral Health Crisis Evaluation Services in Acute Medical Setting Crisis evaluations provided in medical and surgical inpatient and emergency department (ED) settings for members arriving at the ED in a behavioral health crisis. Elements of crisis evaluations include: <ul style="list-style-type: none"> • Comprehensive Behavioral Health Crisis Assessment • Crisis Interventions • Discharge Planning and Care Coordination • Reporting and Community Collaboration 	NO	NO
Behavioral Health Crisis Management Services in Acute Medical Settings Crisis management services provided to members in medical and surgical inpatient and emergency department settings. Elements of crisis management include: <ul style="list-style-type: none"> • Crisis Interventions • Discharge Planning and Care Coordination • Ongoing Required Reporting and Community Collaboration 	NO	NO
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	YES	NO

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MassHealth CarePlus Covered Services	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Repetitive Transcranial Magnetic Stimulation (rTMS) A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	YES	YES
Specialing Treatment services provided to a member 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 the coordination of these services. Please contact Case Management for more information.**

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

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

1. Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for:
 - Treating damage following injury or illness;
 - Breast reconstruction following a mastectomy; or
 - Other procedures that MassHealth determines are medically necessary
2. Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
 - Emergency services
 - Family planning services
5. Non-covered laboratory services
6. Personal comfort items such as air conditioners, radios, telephones, and televisions

This Covered Services List is effective 1/1/2025.

If you have questions, call Fallon Health Customer Service at 1-855-203-4660 (TRS 711 for people with partial or total hearing loss). Hours of operation are Monday-Friday 8 a.m.-6 p.m.

7. Services not otherwise covered by MassHealth, except as determined by the contractor to be medically necessary for MassHealth Standard members younger than 21 years of age. Such services are considered a Covered Service under the contract per Early Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday-Friday, 8 a.m.-5 p.m. at 1-800-841-2900 or TTY at 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled.

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