

Section 2

Covered Services

Overview	2-1
General Coverage Requirements	2-1
Covered Services	2-1
Clinical Trials	2-3
Dental Care	2-4
Oral Surgery	2-5
Other Dental Care	2-5
Vision	2-5

Section 2

Covered Services

Overview

It is important for providers to confirm a member's eligibility and coverage upon arrival for an appointment as coverage for certain services varies by plan.

Some benefits have limits, and it is important to note each plan's definition of "benefit period."

- Benefits with a contract or benefit period limit apply a calendar year: January 1 through December 31
- Some benefits have a rolling period (for example, a routine eye exam may be covered once every 12 months or 24 months based on the patient's age). This would require that the next appointment is booked 12 months/24 months and 1 day after the current appointment.

General Coverage Requirements

To be covered by AllWays Health Partners, all health care services and supplies must be:

- Provided by or arranged by the patient's My Care Family primary care provider (PCP) or My Care Family network provider*
- Referred by the PCP when required (most specialty care outside the My Care Family network requires a referral)
- Prior authorized when required
- Medically necessary
- Covered health care services
- Provided to eligible patients enrolled in My Care Family

*Exceptions: My Care Family members can access family planning services from any MassHealth Provider. My Care Family members can access emergency services as noted in Section 1, "Accessing Emergency Services"

Covered Services

My Care Family members have benefit coverage as outlined by their plan: MassHealth Standard and CommonHealth, Family Assistance, and CarePlus. For a complete list of ACO covered services (covered by AllWays Health Partners) and non-ACO covered services (covered by MassHealth directly), please refer to the Covered Services booklet. The Covered Services booklet provides a table-formatted summary of benefit coverage for each plan.

It is important to note My Care Family members have coverage for services through MassHealth that are not covered by My Care Family. For example, adult day services for the disabled may be covered through MassHealth but are not covered by My Care Family. Members may confuse their "Fee for Service Medicaid" or MassHealth coverage with their My Care Family coverage. AllWays Health Partners' Customer Service team is available to further clarify coverage for members. My Care Family patients have some variation in coverage based on their particular plan; the following is a high-level outline of excluded services.

Excluded Services:

- Assisted reproduction including but not limited to in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures
- Cosmetic surgery, except as determined to be medically necessary for correction or repair of damage following an injury or illness, for other medically necessity reasons, or mammoplasty following mastectomy or as required by law
- Experimental treatment
- Non-covered laboratory services as specified in 130 CMR 401.411
- Out-of-country care (outside USA and territories) including emergency care
- Personal comfort items including but not limited to air conditioners, radios, telephones, and televisions
- Services and supplies not directed by My Care Family provider

Overview of Excluded Medical Services for MassHealth Plans

	Care Plus Plan	CommonHealth and Standard Plans	Family Assistance Plan
Acupuncture for pain relief or anesthesia	Included	Included	Excluded
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services	Excluded	Included	Excluded, however Preventive Pediatric Healthcare Screenings and Diagnostic [PPHSD] Services are covered.
Early Intervention	Excluded	Included	Included
Infertility—Diagnosis and Treatment of underlying medical conditions.	Included	Included	Included in certain cases
Applied Behavior Analysis for members with an Autism Spectrum Disorder	Excluded	Included for members under 21	Included for members under 19
Laboratory services for the diagnosis of infertility	Included	Included	Included in certain cases
Skilled Nursing Facility	Included	Included	Excluded
Non-Emergent Transportation Out of State (outside a 50-mile radius of the MA border)	Included	Included	Excluded

Non-covered laboratory services include:

- Test performed for experimental or Clinical Investigational purposes or that are themselves experimental or clinically investigational
- Tests only for the purpose of civic, criminal, administrative, or social service agency investigation, proceedings, or monitoring activities
- Test for residential monitoring purposes
- Tests performed to establish paternity
- Tests performed by an independent clinical laboratory for services that the laboratory is not certified by Centers for Medicare & Medicaid Services (CMS) to perform
- Services provided by a provider not in the My Care Family network unless prior authorized

These services do not need to be directed by a My Care Family provider:

- Emergency services
- Family planning services provided by a MassHealth provider
- Services provided to newborns during the period prior to notification of the newborn's enrollment by the Executive Office of Health and Human Services (EOHHS)

MassHealth Family Assistance Plan

The following Behavioral Health (Mental Health and Substance Use Disorder) services are not included:

- Intensive Care Coordination (ICC)
- Family Support and Training
- In-Home Behavioral Services
- Therapeutic mentoring service

Clinical Trials

AllWays Health Partners does cover care provided as part of a Qualified Clinical Trial for the treatment of cancer or other life-threatening medical condition to the extent the care would be covered if not provided as part of a Qualified Clinical Trial. Coverage is

provided when services are provided by a My Care Family network provider or with prior authorization for a provider outside the My Care Family network. Covered costs exclude: the investigational item, device, or service; items and services solely for data collection and analysis; or for a service that is clearly inconsistent with widely accept and established standards of care for a particular diagnosis. Costs and limitations imposed are not greater than costs or limitations when the services are provided outside of an approved clinical trial.

The PCP (or treating provider in consultation with the PCP) must obtain prior authorization for a member's participation in a Qualified Clinical Trial or the member must provide medical and scientific information that demonstrates the member meets the conditions for participation in the qualified clinical trial. The prior authorization process must be followed.

Qualified clinical trials meet the following:

The clinical trial is intended to treat cancer or other life-threatening medical condition in a patient who has been so diagnosed.

The clinical trial has been peer reviewed and is approved by one of the following:

- United States National Institutes of Health (NIH)
- Center for Disease Control and Prevention
- Agency for Health Care Research and Quality
- Centers for Medicare and Medicaid Services
- The Department of Defense, Veterans Affairs, or the Department of Energy
- A qualified nongovernmental research entity identified in NIH guidelines for grants, is a study or trial under the United State Food and Drug Administration approved investigational new drug application, or is a drug trial that is exempt from investigational new drug application requirements

- The facility and personnel conducting the clinical trial are capable of doing so by virtue of their experience and training and treat a sufficient volume of patients to maintain that expertise
- With respect to Phase I clinical trials, the facility shall be an academic medical center or an affiliated facility, and the clinicians conducting the trial shall have staff privileges at said academic medical center
- The patient meets the patient selection criteria enunciated in the study protocol for participation in the clinical trial
- The patient has provided informed consent for participation in the clinical trial in a manner that is consistent with current legal and ethical standards
- The available clinical or pre-clinical data provide a reasonable expectation that the patient's participation in the clinical trial will provide a medical benefit that is commensurate with the risks of participation in the clinical trial
- The clinical trial does not unjustifiably duplicate existing studies

The clinical trial must have a therapeutic intent and must, to some extent, assess the effect of the intervention on the patient.

Dental Care

My Care Family has limited dental benefits for its patients as outlined below.

EMERGENCY DENTAL CARE

My Care Family covers emergency dental services only when there is a traumatic injury to sound, natural, and permanent teeth caused by a source external to the mouth and the emergency dental services are provided in a hospital emergency room or operating room within 72 hours following the injury.

FLUORIDE VARNISH

My Care Family providers offering fluoride varnish application are entitled to reimbursement. Fluoride varnish is usually

deemed medically necessary beginning on or around six months of age (first tooth eruption) and may be medically necessary for members up to adulthood (up to age 21).

Fluoride varnish is applied during a well-child visit to prevent early childhood dental caries in children at moderate to high risk as determined by the Caries Assessment Tool (CAT). More information on this tool is available from the American Academy of Pediatrics website at www.aap.org.

Fluoride varnish is recommended no more frequently than every 180 days from the first tooth eruption (usually at six months) to the third birthday. It is expected that this procedure will occur during a pediatric preventive care visit and will be delivered along with anticipatory guidance for oral health and/or dental referral when necessary.

While this benefit is primarily intended for children up to age three, reimbursement is allowed for children up to adulthood (see above).

To be eligible for fluoride varnish reimbursement, all of the following criteria must be met:

- The individual rendering the service may be a Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, Licensed Practical Nurse, or Medical Assistant certified in the application of fluoride varnish.
- The individual rendering the service must complete the Oral Health Risk Assessment Training or equivalent.
- The provider must meet all claim submission requirements including use of valid procedure codes.
- The member is under the age of 21.
- The service is medically necessary as determined by a Caries Assessment Tool (CAT).

PCP sites that do not have providers or staff certified in the application of fluoride varnish must direct patients in need of fluoride varnish

to AllWays Health Partners' Customer Service team for help finding a certified provider.

Oral Surgery

Coverage for My Care Family members is limited to medically necessary oral surgery, including the extraction of wisdom teeth, performed in a Surgical Day Care (SDC) or as an inpatient because of an underlying medical condition. The coverage applies to the procedure, facility, and all professional fees.

When the oral surgery is performed in the surgeon's office, the provider must bill MassHealth directly

Other Dental Care

For My Care Family members under age 21, and under special circumstances for adults, routine dental care may be covered by MassHealth. For more information on covered services, please refer to MassHealth Covered Services List.

Orthodontics (braces) for teeth and dentures are not covered by My Care Family, but may be covered by MassHealth. Full and partial dentures, and repairs to said dentures, are covered for adults age 21 and over by MassHealth.

contact lenses) is not covered. Scleral lenses (bandage lenses) are covered when medically necessary; prior authorization is required.

My Care Family members have coverage for routine vision exams:

- Once per 12-month period for patients under the age of 21
- Once per 24-month period for patients age 21 and older
- For all patients, when medically necessary
- Eyeglasses are covered through MassHealth for MassHealth CarePlus, CommonHealth/Standard, and Family Assistance members.

Vision

My Care Family members have coverage for a comprehensive eye exam, however, the frequency of the eye exam may vary according to the patient's age; please check the plan materials.

All My Care Family members have coverage for medically necessary ophthalmological care, including vision training, under the specialty care coverage.

All My Care Family members have coverage for lenses that are medically necessary to treat medical conditions such as keratoconus or after cataract surgery. Other than this limited coverage, eyewear (eyeglasses and