



# COMMUNITY CARE COOPERATIVE (C3) COVERED SERVICES



## Covered Services List and Referrals and Prior Authorizations for MassHealth Members enrolled in Community Care Cooperative (C3)<sup>1</sup>

### This chart tells you two things:

1. the **covered services and benefits** for your MassHealth plan type (Standard/CommonHealth, Family Assistance and CarePlus) as a Member enrolled in C3<sup>2</sup>; and
2. if you need a referral (approval from your PCP) or prior authorization (PA) (permission from MassHealth) to receive a covered service or benefit.<sup>3</sup>

### How to use this chart:

1. Find a covered service in the left column of the chart.
2. Follow the row across to find if the service is covered for your plan type.
3. If the service is covered, look at the two right columns to see if you will need a referral or PA.

### Questions?

- Call **C3** at **866-676-9226 (TTY: 711** for people with partial or total hearing loss, or who are speech disabled), Monday through Friday, 9:00 a.m. – 5:00 p.m.) if you have any questions about health care providers you can see, or about your C3 membership or benefits.
- Call **MassHealth** for more information about eligibility, services and benefits or claims by calling the Customer Service Center at **800-841-2900 (TTY: 800-497-4648** for people who are deaf, hard of hearing, or speech disabled).
- Call **MBHP** for questions about Behavioral Health (mental health and substance use) services, at **800-495-0086 (TTY: 617-790-4130** for people who are deaf, hard of hearing, or speech disabled).
- Go to the **MassHealth Drug List** at **[www.mass.gov/druglist](http://www.mass.gov/druglist)** for more information about **pharmacy services**.
- Call **dental services customer service** at **800-207-5019 (TTY: 800-466-7566** for people who are deaf, hard of hearing or speech disabled) or go to **<https://www.masshealth-dental.net/>** for information about dental benefits.

<sup>1</sup> All services and benefits are covered or coordinated by C3, except for Behavioral Health (mental health and substance use) services, which are covered by the Massachusetts Behavioral Health Partnership (MBHP).

<sup>2</sup> Keep in mind that MassHealth services and benefits change from time to time. Call the MassHealth Customer Service Center at 800-841-2900 (TTY: 800-497-4648 for people who are deaf, hard of hearing, or speech disabled) Monday through Friday from 8:00 a.m. – 5:00 p.m. to check coverage of service.

<sup>3</sup> There is more information about referrals and PAs in your C3 Member Handbook.

Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Emergency Services</b>					
Emergency Transportation Services	√	√	√		
Emergency Inpatient and Outpatient Hospital Services	√	√	√		
<b>Medical Services</b>					
Abortion Services	√	√	√		
Acupuncture Treatment	√		√		√
Acute Inpatient Hospital Services – all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory, and other diagnostic and treatment procedures	√	√	√	√	√
Adult Day Health – services ordered by a physician and delivered to an Enrollee in a community-based program setting	√			√	√
Adult Group Foster Care – Residential-based services offered by adult foster care providers may include: assistance with ADLs, care management, nursing services, and oversight	√			√	√
Ambulatory Surgery/ Outpatient Hospital Care – outpatient surgical, related diagnostic, medical and dental services	√	√	√	√	√
Audiologist – audiology (hearing) exams and evaluations	√	√	√		√
Breast Pumps	√	√	√		
Chiropractic Services	√	√	√		√
Chronic or Rehabilitation Hospital or Skilled Nursing Facility Services – 100 days per contract year (Oct. 1 – Sept. 30); after 100 days, qualified Members receive these services directly from MassHealth	√		√	√	
Chronic or Rehabilitation Hospital Services – 100 days per contract year (Oct. 1 – Sept. 30); after 100 days, qualified Members receive these services directly from MassHealth		√		√	

Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Medical Services</b>					
Day Habilitation – services provided in a community based day program setting	√				√
Diabetes Self-management Training	√	√	√	√	
Dialysis Services	√	√	√		
Durable Medical Equipment and Medical/Surgical Supplies (includes oxygen and respiratory therapy equipment)	√	√	√	√	
Early Intervention – child visits, center-based individual visits, community child group, early intervention-only child group, and parent-focused group sessions; evaluation/assessments; and intake/screenings	√	√			√
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21	√				
Family planning	√	√	√		
Fluoride Varnish – for members under 21 and provided by a pediatrician or other qualified health care professional	√	√			√
Group Adult Foster Care Services	√			√	√
Hearing Aid and Dispensing Services – hearing aids; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid	√	√	√	√	√
Home Health Services – include: part-time or intermittent skilled nursing visits, physical therapy visits, occupational therapy visits, speech language therapy visits, and home health aide services. In order to be eligible for Home Health aide services, the Enrollee must have a need for nursing services or therapy services.	√	√	√	√	√
Hospice Services	√	√	√	√	

Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Medical Services</b>					
Infertility - Diagnosis of infertility and treatment of an underlying medical condition	√	√	√	√	√
Laboratory Services – all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health	√	√	√	√	
Medical Nutritional Therapy	√	√	√		√
Orthotics – for Members aged 21 and above - (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	√	√	√	√	√
Oxygen and Respiratory Therapy Equipment	√	√	√	√	
Personal Care Attendant – physical assistance with Activities of Daily Living (ADLs)	√			√	
Pharmacy Services – prescription drugs and over-the-counter drugs	√	√	√	√	
Physician (primary and specialty) – all medical, developmental, pediatrician, psychiatry, radiological, laboratory, anesthesia and surgical services, including those services provided by nurse practitioners serving as primary care providers, and services provided by nurse midwives	√	√	√		√
Podiatry (Foot Care)	√	√	√		√
Preventive Pediatric Healthcare Screening and Diagnostic (PPHSD) Services		√			
Private Duty Nursing/Continuous Skilled Nursing	√			√	√
Prosthetic Services and Devices	√	√	√	√	√
Radiology and Diagnostic Tests <ul style="list-style-type: none"> <li>• X-rays</li> <li>• Magnetic resonance imagery (MRI) and other imaging studies</li> <li>• Radiation oncology services</li> </ul>	√	√	√	√	√

Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Medical Services</b>					
Therapy Services <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	√	√	√		√
Tobacco Cessation (Quitting Smoking) Services	√	√	√		
Transportation (non-emergency)	√		√	√	
Vision Care (medical component) <ul style="list-style-type: none"> <li>• Comprehensive eye exams</li> <li>• Vision training</li> <li>• Ocular prosthesis</li> <li>• Contacts, when medically necessary, as a medical treatment for a medical condition</li> <li>• Bandage lenses</li> <li>• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>	√	√	√	√	√
Vision Care (non-medical component) – prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts	√	√	√	√	√
Wigs – as prescribed by a physician and related to a medical condition	√	√	√	√	
<b>Dental Services</b>					
<ul style="list-style-type: none"> <li>• Emergency-related treatment for dental pain and infection</li> <li>• Dental Services - preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults</li> </ul>	√	√	√		
Adult Dentures	√	√	√		
Oral surgery performed in an outpatient hospital or ambulatory surgery setting that is medically necessary to treat an underlying medical condition	√	√	√	√	

Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Behavioral Health (mental health and substance use disorder) Services</b>					
<b>Diversiónary Services</b> - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support an Enrollee returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community.					
<b>24-Hour Diversiónary Services.</b> For example: <ul style="list-style-type: none"> <li>• Community-based Acute Treatment for Children and Adolescents (CBAT)</li> <li>• Community Crisis Stabilization (CCS)</li> <li>• Acute Treatment Services (ATS) for Substance Use Disorders (Level III.7)</li> <li>• Clinical Support Services for Substance Use Disorders (Level III.5)</li> <li>• Transitional Care Unit (TCU)</li> </ul>	√	√	√	√	
<b>Non-24-Hour Diversiónary Services.</b> For example: <ul style="list-style-type: none"> <li>• Community Support Program (CSP)</li> <li>• Partial Hospitalization Program (PHP)</li> <li>• Intensive Outpatient Treatment (IOP)</li> <li>• Structured Outpatient Addition Program (SOAP)</li> <li>• Psychiatric Day Treatment</li> </ul>	√	√	√	√	
<b>Emergency Services Program (ESP) Services.</b> For example: <ul style="list-style-type: none"> <li>• Crisis assessment, intervention, and stabilization</li> <li>• Mobile Crisis Intervention for children under age 21</li> </ul>	√	√	√		
<b>Inpatient Services.</b> For example: <ul style="list-style-type: none"> <li>• Inpatient mental health services</li> <li>• Inpatient Substance Use Disorder Services (Level IV)</li> <li>• Observation/Holding Beds</li> <li>• Administratively Necessary Day (AND) Services</li> </ul>	√	√	√	√	

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	Standard and Common-Health	Family Assistance	CarePlus		
<b>Behavioral Health (mental health and substance use disorder) Services</b>					
<b>Intensive Home- or Community-based Services for Youth.</b> For example: <ul style="list-style-type: none"> <li>• Family Support and training</li> <li>• Intensive Care Coordination</li> </ul> In-home Behavioral Services	√			√	
<b>Other Behavioral Health Services</b>					
Applied Behavioral Analysis (ABA) Services	√	√			√
Chapter 766 – home assessments and participation in team meetings	√	√		√	
Children’s Behavioral Health Initiative (CBHI) Services. For example: <ul style="list-style-type: none"> <li>• Intensive care coordination</li> <li>• In-home Behavioral Services</li> </ul>	√	√			
Intensive Early Intervention – provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder	√	√		√	
Keep Teens Healthy Services	√	√		√	
Specialing – therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety	√	√	√	√	
<b>Outpatient Services.</b> For example: <ul style="list-style-type: none"> <li>• Individual, group and family counseling</li> <li>• Electro-Convulsive Therapy (ECT)</li> <li>• Family and case consultation</li> <li>• Medication visits</li> <li>• Diagnostic evaluations</li> <li>• Psychological testing</li> <li>• Narcotic-treatment services</li> </ul>	√	√	√		



Covered Services for MassHealth members enrolled in C3	Coverage Type			Referral needed?	PA needed?
	Standard and Common-Health	Family Assistance	CarePlus		
<b>Other Behavioral Health Services</b>					
<b>Residential Rehabilitation Services (Level 3.1)</b> <ul style="list-style-type: none"> <li>• Adult Residential Rehabilitation Services for Substance Use Disorders</li> <li>• Family Residential Rehabilitation Services for Substance Use Disorders</li> <li>• Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders</li> <li>• Youth Residential Rehabilitation Services for Substance Use Disorders</li> </ul>	√	√	√	√	√

**In addition to what is listed in the table above, these services do not need a referral:**

- annual gynecological exams
- diabetic supplies
- fiscal intermediary services
- functional skills training provided by a MassHealth personal care management agency
- HIV pre- and post-test counseling services and testing
- services delivered by a limited-service clinic
- services delivered by an anesthesiologist
- obstetric services for pregnant and postpartum members (provided up to the end of the month of the 60-day period following the end of the pregnancy)
- services delivered in an intermediate care facility for the mentally retarded (ICF-MR)
- services delivered to a homeless member outside of the PCP office
- services delivered to diagnose and treat sexually transmitted diseases
- services provided under a home- and community-based waiver
- sterilization services when performed for family planning services
- surgical pathology services

**Community Care Cooperative**

**866-676-9226**

**(TTY: 711)**

Monday – Friday

9:00 a.m. – 5:00 p.m.

**[www.C3aco.org](http://www.C3aco.org)**

**MassHealth Call Center**

**800-841-2900**

**(TTY) 800-497-4648**

Monday – Friday

8:00 a.m. – 5:00 p.m.

**[Mass.gov/MassHealth](http://Mass.gov/MassHealth)**



Community Care Cooperative (C3) is a 501(c)(3) not-for-profit, MassHealth Accountable Care Organization (ACO) governed by Federally Qualified Health Centers (FQHCs).

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