Section 2
Covered Services

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Section 2
Covered Services

Overview

NHP’s lines of business include MassHealth plans, Commercial plans, and Qualified Health Plans (QHP). 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.”

- MassHealth: October 1–September 30
- Commercial plans may have a plan year or calendar year; please refer to each plan’s Schedule of Benefits.
- Additionally, some services may be covered on a rolling period (for example, a routine eye exam may be covered once every 12 months). This would require the next appointment is booked 12 months and 1 day after the current appointment.

General Coverage Requirements

To be covered by NHP, all health care services and supplies must be:

- Provided by or arranged by the Member’s primary care provider (PCP) or NHP in-plan provider*
  - A Referral has been obtained (most specialty care requires a Referral)
  - Prior Authorized when required
  - Medically Necessary
  - Covered Health Care Services
  - Provided to an eligible Member enrolled in NHP

Detailed coverage information is available at www.nhp.org under the Member tab.

*Exceptions: MassHealth members can access family planning services from any MassHealth Provider. MassHealth and Commercial members can access emergency services as noted in Section 1, “Access to Emergency Services—Out-Of-Area.”

MassHealth

NHP has the following MassHealth plans: MassHealth Standard & CommonHealth, MassHealth Family Assistance, and MassHealth Care Plus. For a complete list of MCO covered services (covered by NHP) and non MCO covered services (covered by MassHealth directly), please visit www.nhp.org. The Covered Services booklet provides a table formatted summary of benefit coverage for each MassHealth plan.

It is important to note MassHealth members have coverage for services through MassHealth that are not covered by NHP. For example, adult day services for the disabled may be covered through MassHealth but are not covered by NHP. Members may confuse their “Fee for Service Medicaid” or MassHealth coverage with their NHP coverage. NHP’s Customer Service team is available to further clarify coverage for members. MassHealth members have some variation in coverage based on their particular plan; the table below is a high level outline of excluded services.

Excluded for All MassHealth Plans

- 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
- Experimental treatment
- Non-covered laboratory services as specified in 130 CMR 401.411.
- Out-of-country care (outside U.S. & territories) including emergency care
- Personal comfort items including but not limited to air conditioners, radios, telephones, and televisions
- Services and supplies not directed by an NHP Provider
## Overview of Excluded Medical Services for MassHealth Plans

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Care Plus Plan</th>
<th>CommonHealth and Standard Plans</th>
<th>Family Assistance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture for pain relief or anesthesia</td>
<td>Included</td>
<td>Included</td>
<td>Excluded</td>
</tr>
<tr>
<td>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services</td>
<td>Excluded</td>
<td>Included</td>
<td>Excluded, however Preventive Pediatric Healthcare Screenings and Diagnostic [PPHSD] Services are covered.</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Excluded</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td>Infertility—Diagnosis &amp; Treatment of underlying medical conditions.</td>
<td>Included</td>
<td>Included</td>
<td>Included in certain cases</td>
</tr>
<tr>
<td>Applied Behavior Analysis for members with an Autism Spectrum Disorder</td>
<td>Excluded</td>
<td>Included for members under 21</td>
<td>Included for members under 19</td>
</tr>
<tr>
<td>Laboratory services for the diagnosis of infertility</td>
<td>Included</td>
<td>Included</td>
<td>Included in certain cases</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Included</td>
<td>Included</td>
<td>Excluded</td>
</tr>
<tr>
<td>Transportation Non Emergent Out of State (outside a 50 mile radius of the MA border)</td>
<td>Included</td>
<td>Included</td>
<td>Excluded</td>
</tr>
</tbody>
</table>
Intensive Early Intervention Services for children under three with an autism spectrum disorder (ASD) are also referred to as EI-ABA (Early Intervention Applied Behavioral Analysis).

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 CMS to perform
- Services provided by a provider not in the NHP network unless Prior Authorized

These services do not need to be directed by an NHP 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
Behavioral Health (Mental Health and Substance Use Disorder) Services, the following services are not included:
- Intensive Care Coordination (ICC)
- Family Support and Training
- In-Home Behavioral Services
- Therapeutic mentoring service

Commercial/Qualified Health Plan (QHP) HMO Plans
For a listing of covered services, please check the member’s Schedule of Benefits by visiting www.nhp.org.
- Some custom Commercial plans do not include Pharmacy coverage.
- Commercial plan coverage may include member cost sharing including deductibles, copays, co-insurance and out-of-pocket maximums which limit the member’s total out-of-pocket expense.
- Custom Commercial plan materials may not be available on NHP.org.

NHP 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 network provider or with prior authorization for an out of network provider. 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 patient’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. NHP’s Clinical 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
- Center for Disease Control and Prevention
- Agency for Health Care Research and Quality,
- Centers for Medicare and Medicaid Services
- A cooperative group or center of any of the above, or: The Department of Defense, Veterans Affairs or the Department of Energy
- A qualified nongovernmental research entity identified in NIH guidelines for grants, or 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.

NHP’s Commercial/QHP members are not covered for the following unless specifically noted in the plan’s Schedule of Benefits or Member Handbook:

- Acupuncture
- Benefits from other sources
- Biofeedback
- Blood and related fees except as specified in the Member Handbook
- Chiropractic Care, except as noted in the individual plan’s Schedule of Benefits
- Cosmetic Services and Procedures, unless medically necessary
- Custodial level of care services
- Dentures
- Diet foods
- Educational testing and evaluations
- Exams required by a third party
- Experimental Services and procedures
- Eyewear/Laser Eyesight Correction, except as noted in the Member Handbook
- Foot Care, except as noted in the Member Handbook
- Fitness Program Benefit or Reimbursement, except as noted in the individual plan’s Schedule of Benefits
- Hearing aids over age 21, except as noted in the Member Handbook
- Long term care
- Massage therapy
- Services received from an Out-of-Network Provider, excluding emergency services and those which have been prior authorized.
- Non-emergency care when traveling outside the United States
- Personal comfort Items
- Private-duty nursing
- Reversal of voluntary sterilization
- Services covered under other sources, such as Workers Compensation or veteran’s benefits
• Self-monitoring devices, except as noted in the Member Handbook
• Weight Loss Program Benefit, except as noted in the individual plan’s Schedule of Benefits

Commercial PPO Plans
Members with an NHP PPO Plan do have coverage for services out of network as outlined in their Schedule of Benefits. A Prior Authorization to receive services out of network is not required in the PPO plan; however, services that require Prior Authorization to confirm medical necessity in network also require Prior Authorization out of network.

Dental Care
NHP has limited dental benefits for its members as outlined below.

All Members

EMERGENCY DENTAL CARE
NHP 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
NHP 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 (Commercial/QHP members-up to age 18; MassHealth members- up to age 21).

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 NHP’s Customer Service team for help finding a certified provider.

ORAL SURGERY
Commercial Prime Solutions
In addition to emergency dental care, NHP covers oral and maxillofacial surgeries and procedures under prior authorization as defined in the Oral and Maxillofacial Surgery Procedures Medical Policy. Coverage applies to the procedure, facility and all professional fees when authorized.
The extraction of impacted or infected wisdom teeth is only covered when it is medically necessary for the services to be provided in a Surgical Day Care (SDC) or in an inpatient setting because of an underlying medical condition as defined in the Medical Policy Oral Maxillofacial/Dental Treatment Setting Policy. Prior Authorization is required. Coverage applies to the procedure, facility and all professional fees when authorized.

**Commercial Prime HMO including QHP**

In addition to emergency dental care, effective 1/1/16 coverage is limited to the extraction of impacted or infected wisdom teeth when it is medically necessary for the services to be provided in a Surgical Day Care (SDC) or in an inpatient setting because of an underlying medical condition as defined in the Oral Maxillofacial/Dental Treatment Setting Medical Policy. Prior Authorization is required. Coverage applies to the procedure, facility and all professional fees when authorized.

**GIC**

The GIC has a unique Dental Care benefit that includes the extractions of impacted or infected wisdom teeth, removal of seven or more permanent teeth, excision of radicular cysts involving the roots of three or more teeth, or gingivectomies of two or more gum grandaunts. Coverage includes pre-and post-operative care, x-rays, and anesthesia. Benefits are provided for the services above when the Member has a serious medical condition that requires the care be provided in a surgical day care unit or ambulatory surgical facility as an outpatient in order for the surgery to be performed safely.

**Mass Health**

Coverage for NHP MassHealth 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.

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**OTHER DENTAL CARE**

**Commercial**

NHP covers ACA-required pediatric dental services for Commercial members based on the Plan’s Schedule of Benefits and Handbook. If coverage for dental benefits is included in the commercial plan’s coverage, benefits are administered by DentaQuest.

**MassHealth**

For NHP MassHealth enrollees 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 for NHP Members.

Orthodontics (braces) for teeth and dentures are not covered by NHP, but may be covered by MassHealth. Effective 10/1/15 Full and partial dentures, and repairs to said dentures, are covered for adults age 21 and over by MassHealth.

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**Vision**

**All Members**

All members have coverage for a comprehensive eye exam, however, the frequency of the eye exam may vary according to plan type; please check the plan materials.

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

All members have coverage for eyeglasses/lenses that are medically necessary to treat medical conditions such as keratoconus or subsequent to cataract surgery. Other than this limited coverage, eyewear (eyeglasses and contact lenses) is not covered. Scleral lenses (bandage lenses) are covered when medically necessary; Prior Authorization is required.
MassHealth
MassHealth members have coverage for routine vision exams:

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

Commercial/QHP
NHP covers an annual (every 12 months) comprehensive eye exam for Commercial/QHP members.

Eyeglasses and contact lenses are not covered except as noted above.
For more information on member eligibility and benefits, please review the eligibility, benefit and cost sharing information on NHPNet or contact NHP Customer Service.