



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## **All Provider Bulletin 406**

**DATE:** August 2025

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Undersecretary for MassHealth

**RE:** **Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs**

### **Background**

Effective August 1, 2025, MassHealth reinstated referral requirements for services provided in the Primary Care Clinician (PCC) Plan or a Primary Care Accountable Care Organization (Primary Care ACO). We provided this update in [All Provider Bulletin 403](#). This bulletin announces an update to certain exceptions to services that require referrals in the PCC Plan or Primary Care ACOs.

### **Primary Care Clinician Plan and Primary Care ACO Referrals**

As stated in [All Provider Bulletin 403](#), effective August 1, 2025, MassHealth reinstated referral requirements for services provided to members in the PCC plan or a Primary Care ACO, as outlined in 130 CMR 450.118(J): *Referral for Services* and 130 CMR 450.119(I): *Referral for Services*.

### **Additional Exceptions to Services Requiring Referrals**

Notwithstanding the requirements of 130 CMR 450.118(J): *Referral for Services* and 130 CMR 450.119(I): *Referral for Services*, the following list of services, in addition to the services listed in those regulations and in All Provider Bulletin 403, also do not require a referral to be payable:

- adult day health services as described in 130 CMR 404.000;
- adult foster care/group adult foster care services as described in 130 CMR 408.000;
- day habilitation services as described in 130 CMR 419.000;
- doula services as described in 130 CMR 463.000;
- early intervention service as described in 130 CMR 440.000;
- homeless respite services as described in 130 CMR 458.000;
- independent nursing services as described in 130 CMR 414.000;
- rehabilitation center services as described in 130 CMR 430.000;
- restorative services (physical, occupational, and speech/language therapy) as described in 130 CMR 339.000;

- services provided by continuous skilled nursing agencies as described in 130 CMR 438.000;
- services delivered by home health agencies as described in 130 CMR 403.000;
- services delivered by an orthotic provider as described in 130 CMR 442.000;
- services delivered by a prosthetic provider as described in 130 CMR 428.000;
- speech and hearing center services as described in 130 CMR 413.000;
- urgent care services as defined in M.G.L. c. 118E, s. 10N; and
- vaccine administration and injectable material for such vaccines.

## Referring Provider Requirements

As described in [All Provider Bulletin 286](#) (with updated information provided in [All Provider Bulletins 361, 376, 380, 391, and 403](#)), claims submitted to MassHealth for services that require a referral must include the national provider identifier (NPI) of an authorized referring provider. The referring provider must also be enrolled with MassHealth for the claim to be payable. Therefore, for PCC and Primary Care ACO referrals reinstated on August 1, 2025, billing providers must include the NPI of an authorized, enrolled referring provider on claims with services that require a referral in order for the claim to be payable.

## MassHealth Website

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## Questions?

If you have questions about the information in this bulletin, please contact:

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