

Mental Health Parity Analysis

MassHealth Services Categorization and Classification

Medical/Surgical Benefits

Inpatient	Outpatient	Prescription Drugs	Emergency Care
<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Acute Inpatient Hospital • Chronic or Rehabilitation Inpatient Hospital Services • Hospice (24 hour) <p>Wrap Services</p> <ul style="list-style-type: none"> • Intermediate Care Facilities (ICF) 	<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Acupuncture • Ambulatory Surgery/Outpatient Hospital Care • Audiologist • Breast Pumps • Chiropractic Services • Dental • Diabetes Self-Management • Dialysis • DME • EPSDT • Early Intervention • Family Planning • Fluoride Varnish • Hearing Aids • Home Health Services • Hospice (less than 24 hour) • Infertility • Laboratory • Medical Nutritional Therapy • Orthotics • Oxygen and Respiratory Therapy Equipment • Physician • Podiatry • Prosthetic Services and 	<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Pharmacy (Prescription Drugs and Over-the-Counter Drugs) for conditions treated under the medical/surgical benefit <p>See Behavioral Health/Substance Use Disorder Benefits for list of behavioral health diagnosis. The ICD-10 code set within the Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) listed below shall be considered medical/surgical benefit:</p> <p>F01.50 –F03.9 (dementia): F17.20-.299 (nicotine dependence) F48.2 (pseudobulbar</p>	<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Emergency Services • Transportation (Emergent)

	<p>Devices</p> <ul style="list-style-type: none"> • Radiology and Diagnostic Tests • Skilled Nursing Facility, Chronic or Rehabilitation Hospital Services • Therapy (PT/OT/ST) • Tobacco Cessation Services • Non-emergency Transportation • Vision Care (medical) • Vision (non-medical) • Wigs <p>Wrap Services</p> <ul style="list-style-type: none"> • Abortion • Adult Day Health • Adult Dentures • Adult Foster Care & Group Adult Foster Care • Chapter 766 • Day Habilitation • “Keep Teens Healthy” • Personal Care Attendant • Private Duty • Nursing/Continuous Skilled Nursing 	<p>affect also BH) F52.5 (vaginismus not due to a substance or known physiological condition – also BH) F53 (puerperal psychosis – postpartum depression – also BH) F70-F82 (intellectual disabilities through learning disability disorders)</p>	
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Behavioral Health/Substance Use Disorder Benefits

Inpatient	Outpatient	Prescription Drugs	Emergency Care
<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Inpatient Mental Health Services • Inpatient SUD services (Level IV) • Observation/Holding Beds • Administratively Necessary Day Services • Community Crisis Stabilization • Community-Based Acute Treatment for Children and Adolescents (CBAT) • Acute Treatment Services for SUD (Level III.7) (ATS) • Clinical Support Services for SUD (Level III.5) • Transitional Care Unit (TCU) 	<p>MCO Covered Services</p> <p>Non-24 Hour Diversionary Services</p> <ul style="list-style-type: none"> • Community Support Program (CSP) • Partial Hospitalization (PHP) • Psych Day Treatment • Structured Outpatient Addiction Program (SOAP) • Intensive Outpatient Program (IOP) <p>Standard Outpatient Services:</p> <ul style="list-style-type: none"> -Family Consultation -Case Consultation -Diagnostic Evaluation -Dialectical Behavioral Therapy (DBT) -Psychiatric Consultation on an Inpatient Medical Unit -Medication Visit -Couples/Family Treatment -Group Treatment -Individual Treatment -Inpatient-Outpatient Bridge Visit -Assessment for Safe and Appropriate Placement (ASAP) -Collateral Contact -Acupuncture Treatment -Opioid Replacement Therapy -Ambulatory Detoxification (Level II.d) -Psychological Testing 	<p>MCO Covered Services</p> <p>Pharmacy (Prescription Drugs and Over-the-Counter Drugs). The following ICD-10 Code Set within the Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) listed below shall be considered behavioral health/substance use disorder benefit (see Medical/Surgical Benefits for exclusions):</p> <p style="text-align: center;">F04, F05, F06.0-.8, F07.0-.9, F09, F10.10-F16.99, F18.10-45.9, F48.1-.9, F50.00-F69, F84-F99, R45.2, R45.6</p>	<p>MCO Covered Services</p> <ul style="list-style-type: none"> • Emergency Services Program (ESP) Encounter • Youth Mobile Crisis

	<p>-Special Education Psychological Testing</p> <p>-Applied Behavioral Analysis for members under 21 years of age (ABA Services)</p> <p>-Intensive Home or Community-Based Services for Youth</p> <p>-Family Support and Training</p> <p>-Intensive Care Coordination</p> <p>-In-Home Behavioral Services (Behavior Management Therapy & Behavior Management Monitoring)</p> <p>-In-Home Therapy Services (Therapeutic Clinical Intervention & Ongoing Therapeutic Training and Support)</p> <p>-Therapeutic Mentoring Services</p> <ul style="list-style-type: none"> • Intervention • Electro-Convulsive Therapy (ECT) • Specialing <p>Wrap Services</p> <ul style="list-style-type: none"> • Intensive Early Intervention Services 		
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