no home health services are covered in MassHealth Essential, and it does not cover eyeglasses or orthotics. The limitations of MassHealth Essential are a significant problem for the elderly and disabled special status and PRUCOL immigrants who have this type of coverage.

130 C.M.R. § 450.105(I).

## **154** What is covered by MassHealth Limited?

MassHealth Limited covers emergency services only. This coverage type is available to people who meet the eligibility criteria for MassHealth Standard, but are noncitizens who do not have an immigration status eligible for Standard. It is sometimes coupled with another type of coverage with no immigrations status criteria or more liberal immigration status criteria than Standard such as Essential plus Limited, CMSP plus Limited, or Healthy Start plus Limited.

Emergency services are defined as the treatment of a medical condition with acute symptoms of sufficient severity to seriously jeopardize the individual's health without immediate medical attention. This includes labor and delivery, and treatment for certain chronic conditions in limited circumstances, such as dialysis for people with kidney failure. Organ transplants are specifically excluded by federal law. A 1997 provider bulletin provides a more detailed description of covered emergency services. The following services should be covered by MassHealth Limited:

- n emergent and urgent inpatient acute hospital admissions;
- n services provided by an outpatient hospital emergency department;
- n elective inpatient stays and outpatient ambulatory visits, and ancillary services, including services provided by community health centers or dialysis clinics, but only for certain medical conditions requiring immediate attention (this includes chronic dialysis);
- n emergency dental treatment;
- n transportation by ambulance for emergency services;
- n oxygen equipment and supplies;

- n antibiotics and other medically necessary drugs needed to treat an emergency medical condition, e.g., insulin for an insulin-dependent diabetic;
  - n For drugs other than antibiotics, the pharmacist must follow instructions on the Pharmacy On-Line Payment System (POPS) screen, to code the emergency need.
- n when physicians bill separately from a hospital or clinic, physician services are generally only covered if the site of care is a hospital emergency room;
- n other services from other providers such as home health agencies or chronic/ rehabilitation hospitals are generally not covered unless there has been a determination by the MassHealth office of clinical affairs, on a case by case basis, of an emergency medical need.
  - Example: An indigent individual in a wheelchair with renal failure was living in a homeless shelter within a short distance from a chronic care hospital that offered outpatient dialysis and provided all his other medical care. MassHealth Limited pays for dialysis provided by a clinic or acute care hospital but does not ordinarily cover any chronic hospital services. The chronic care hospital wrote to the Medicaid director requesting an exception in order to bill Limited for this service for this individual, and it was granted. There is no established process to request such an exception.

130 C.M.R. § 450.105(G). *See also* All Provider Bulletin 101, June 1997, *Reimbursable Services for MassHealth Limited Members*; G.L. c. 118E, § 16D(5).

## **155** What is covered by MassHealth Prenatal?

MassHealth Prenatal provides immediate temporary coverage for pregnant women who appear to be eligible based on information in the application form that has not yet been verified. This immediate coverage only extends to ambulatory prenatal care. Once verification is supplied, pregnant women who qualify for MassHealth Standard will be eligible for all covered services.

130 C.M.R. § 450.105(F).