

- b. **Dentures** - Dentures are provided in accordance with 42 CFR 440.120. See **Supplement to Attachment 3.1-A**, page 3, Item 10, above.

- c. **Prosthetic Devices** Prosthetic devices (including orthotics) are provided in accordance with 42 CFR 440.120.

MassHealth covers medically necessary prosthetics and orthotic services, including repairs after exhaustion of manufacturer warranties.

Prosthetic services that are subject to prior authorization include: addition to lower extremity prosthesis, endoskeletal ankle foot system, microprocessor controlled, lower extremity prosthesis not otherwise specified, external power device, electronic elbow and accessories, upper extremity prosthesis not otherwise specified, breast prosthesis, unlisted procedures for miscellaneous prosthetic services.

Orthotic services that are subject to prior authorization include: compression garments, protective helmet, foot pressure off loading device, spinal orthosis not otherwise specified, lower extremity orthosis not otherwise classified, orthopedic foot wear and upper limb orthosis not otherwise specified.

Members of any age may obtain prior authorization for units in excess of the limits for service codes for all other prosthetic and orthotic services.

- d. **Eyeglasses** Eyeglasses are provided in accordance with 42 CFR 440.120. The following are covered services: eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses and other visual aids

Services that are limited to members who meet certain clinical criteria include: tinted lenses, coated lenses, and two pairs of eyeglasses instead of bifocals, cataract lenses and contact lenses..

Services that are subject to prior authorization include: extra or spare eyeglasses; the following types of contact lenses--PMMA color vision, deficiency, gas permeable or hydrophilic toric prism ballast, gas permeable or hydrophilic bifocal; low vision aids; glass lenses; special-needs lenses; tints other than "pink 1" and "pink 2" that are available for plastic lenses only, and, polycarbonate lenses for members aged 21 or older or for any member who is amblyopic or monocular.

Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop Lens.

The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from the optical supplier.

**OFFICIAL**

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
And Remedial Care and Services Provided to the Medically Needy

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