




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

MASSHEALTH  
TRANSMITTAL LETTER PRT-15  
December 2002

**TO:** Prosthetic Providers Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner   
**RE:** *Prosthetics Manual* (Age Limitation for Prosthetic Services)

Effective January 1, 2003, the Division will no longer cover prosthetic services for members who are 21 years of age or older. The Division's current budget appropriation requires these changes, at a minimum, to cover expected deficiencies.

The attached regulations, which describe these changes, are effective January 1, 2003.

#### **Claims for Custom-Made Goods**

As stated in 130 CMR 450.231(B), "the 'date of service' is the date on which a medical service is furnished to a member or, if the medical service consists principally of custom-made goods such as eyeglasses, dentures, or durable medical equipment, the date on which the goods are delivered to a member. If a provider delivers medical goods to a member, which goods had to be ordered, fitted, or altered for the member, and that member ceases to be eligible for such MassHealth services on a date prior to the final delivery of the goods, the Division will reimburse the provider for the goods..."

Providers must submit paper claims for these services with all applicable documentation outlined in 130 CMR 450.231(B) to the following address.

Division of Medical Assistance  
Claims Operations Unit  
Attention: After Cancel Unit  
600 Washington Street  
Boston, MA 02111

#### **DMA Web Site**

This transmittal letter and the attached regulations are available at the Division's Web site at [www.mass.gov/dma](http://www.mass.gov/dma).

#### **Questions**

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Prosthetics Manual

Pages 4-1 and 4-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Prosthetics Manual

Pages 4-1 and 4-2 — transmitted by Transmittal Letter PRT-14

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  PROSTHETICS MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 4 PROGRAM REGULATIONS (130 CMR 428.000)	<b>PAGE</b> 4-1
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428.401: Introduction

130 CMR 428.000 states the requirements and procedures for the purchase and repair of prosthetic devices, customized equipment, and supplies under MassHealth. All providers of prosthetic services participating in MassHealth must comply with the regulations of the Division governing MassHealth, including, but not limited to, Division regulations set forth in 130 CMR 428.000 and in 130 CMR 450.000.

428.402: Definitions

The following terms used in 130 CMR 428.000 have the meanings given in 130 CMR 428.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 428.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 428.000 and in 130 CMR 450.000.

Accessory Equipment — equipment that is fabricated primarily and customarily to modify or enhance the usefulness or functional capability of another piece of prosthetic equipment and that is generally not useful in the absence of such prosthetic equipment.

Adjusted Acquisition Cost — except where the manufacturer is the provider, the price paid by the provider to the manufacturer or any other supplier for prosthetic devices, customized equipment, or supplies, excluding all associated costs such as shipping, handling, and insurance costs in accordance with 130 CMR 428.422. Where the manufacturer is the provider, the adjusted acquisition cost is the actual cost of manufacturing such prosthetic devices, customized equipment, or supplies.

Date of Service — the date the prosthesis is delivered and fitted to the MassHealth member. If the prosthetic service involves a series of fittings and adjustments, the date of service is the date on which the final adjustment is made. If the prosthetic service involves only the provision of a service (for example, a repair), then the date of service is the date on which the service was completed.

Discount — any remuneration or reduction of payment of any kind, whether direct or indirect, received by the provider.

Nursing Facility — a licensed facility that meets the provider-eligibility and certification requirements of 130 CMR 456.404 or 456.405 and whose members meet the medical eligibility criteria under 130 CMR 456.409. Nursing facilities do not include custodial care facilities such as rest homes, state schools, and state hospitals.

Nursing Facility Visit — a visit by a provider to a nursing facility for the purpose of providing prosthetic services.

Prosthesis (or Prosthetic Equipment) — an artificial replacement for a missing body part, such as an artificial limb or total joint replacement.

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Prosthetic Service — the purchase, customization, fitting, repair, replacement, or adjustment of a prosthesis or component part, or other activity performed or equipment provided in accordance with 130 CMR 428.000.

Prosthetic Supplies — products that are:

- (1) fabricated primarily and customarily to fulfill a medical or surgical purpose;
- (2) used in conjunction with a prosthesis or prosthetic equipment;
- (3) generally not useful in the absence of a prosthesis; and
- (4) non-reusable and disposable.

Prosthetics — the design, fitting, and attachment of an artificial replacement of a missing body part.

Service Facility — the place of business, physically accessible to MassHealth members, where prosthetic services, especially those involving fitting, adjustment, repair, and replacement of prostheses, are performed. A service facility does not include a MassHealth member's place of residence.

#### 428.403: Eligible Members

- (A) (1) MassHealth Members. The Division covers prosthetic services only when provided to eligible MassHealth members, subject to the restrictions and limitations in 130 CMR 428.000 and 450.000. 130 CMR 450.105 specifically states, for each coverage type, which services are covered and which members are eligible to receive those services.
  - (2) Age Limitations. In addition to any other restrictions and limitations set forth in 130 CMR 428.000 and 450.000, the Division covers prosthetic services only when provided to eligible MassHealth members under age 21.
  - (3) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.
- (B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.