

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA)#: 23-0042**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 22, 2023

Kathleen E. Walsh, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 23-0042

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0042. This SPA proposes to clarify certain licensed practitioner services including chiropractic, optometrist, and hearing instrument specialist.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440.60. This letter is to inform you that Massachusetts' Medicaid SPA 23-0042 was approved on November 21, 2023, with an effective date of July 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Massachusetts State Plan.

If you have any questions, please contact Ambrosia Watts at (667) 414-0089 or via email at [Ambrosia.Watts1@cms.hhs.gov](mailto:Ambrosia.Watts1@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 3 — 0 0 4 2

2. STATE  
MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR Part 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0  
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Supplement to Attachment 3.1-A page 2, 2i-2vi (NEW)  
Supplement to Attachment 3.1-B page 2, 2i-2vi (NEW)


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Supplement to Attachment 3.1-A page 2  
Supplement to Attachment 3.1-B page 2

9. SUBJECT OF AMENDMENT  
  
An amendment to clarify certain licensed practitioner services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
09/25/2023

15. RETURN TO  
  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, 3rd Floor  
Boston, MA 02108


**FOR CMS USE ONLY**

16. DATE RECEIVED 9/25/2023

17. DATE APPROVED 11/21/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
7/1/2023

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director  
Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Limitations to Services Provided to the Categorically Needy

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**Item 6: Licensed Practitioners Services**

Licensed Practitioner Services are provided in accordance with 42 CFR 440.60.

- a. **Podiatrists' Services** – Coverage is for podiatry services that are considered medically necessary. Office visits are limited to one initial visit, one limited visit per 30 day period, one extended visit per 30 day period, and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. Any visits in excess of these limits are subject to prior authorization.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Limitations to Services Provided to the Categorically Needy

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- b. **Optometrists' Services** – Members under age 21 are limited to one comprehensive examination within a 12 month period; additional services are provided when medically necessary. Members aged 21 or older are limited to one comprehensive eye examination within a 24 month period; additional services are provided when medically necessary.

Services that are subject to prior authorization include: fundus photography; non-plastic prosthetic eyes; unlisted services; and vision training.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
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- c. **Chiropractic Services** – Services provided in accordance with 42 CFR 440.60 include chiropractic manipulative treatment. Services are limited to medically necessary treatment related to a neuromusculoskeletal condition. The MassHealth agency limits payment for chiropractor services for any combination of office visits and chiropractic manipulative treatments. Any office visits or chiropractic manipulative treatments in excess of 20 per member per calendar year are subject to prior authorization.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
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d. **Other Practitioners' Services –**

Other practitioners' services also include psychologists' services, including psychological assessment, case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; licensed independent clinical social worker services, including case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; hearing instrument specialist services; public health dental hygienist services; and acupuncturist services. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
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d. **Other Practitioners' Services** (continued) –

Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing.



State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
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d. **Other Practitioners' Services** (continued) –

Public health dental hygienist services are limited to services provided in public health settings within the scope of practice governed by the Massachusetts Board of Registration in Dentistry and covered by the MassHealth agency.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
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d. **Other Practitioners' Services** (continued) –

Acupuncturist services include the services of acupuncturists licensed under state law. Acupuncturist services are limited to the practice of providing medically necessary acupuncture for the treatment of pain and as a substance use disorder treatment within the scope of practice authorized by state law. The MassHealth agency does not pay for more than 20 acupuncture treatments per member per calendar year without prior authorization.

State Plan under Title XIX of the Social Security Act  
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State Plan under Title XIX of the Social Security Act  
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