STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE CATEGORICALLY NEEDY GROUP (S): ALL

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(2) No more than once in any two (2) year period for relining or rebasing existing dentures.

(3) The Department will not pay for any procedure or service of any unproven, experimental or research nature.

c. Orthotic and Prosthetic Devices

(1) Orthotic and/or corrective arch supports will be paid for only once every two (2) years.

(2) Binaural hearing aids are limited to children age 14 years and under.

(3) The Department will not pay for any procedure or service of an unproven, experimental or research nature.

d. Eyeglasses

(1) Only 1 pair of eyeglasses per client per year is allowed. The only exception to the reimbursement limitation is for eyeglasses provided to children under age 21, for whom there is no limit.

(2) The Department will not pay for any goods or services that fall within the limitations and restrictions set forth in Regulations of Connecticut State Agencies, Section 17b-262-564 and 17b-262-570. The regulations can be accessed by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Publications" then to Chapter 7, then to Provider Type "Vision."

13. Other Diagnostic, Screening, Preventive and Rehabilitative Services

Limited to non-experimental procedures.

a. Durable Medical Equipment

(1) Customized Wheelchairs

(a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home.

(b) Customized wheelchairs are provided for patients in nursing facilities who require them for proper body alignment and support.

(2) A feeding pump shall be rented for no more than fifteen (15) months at which time the pump shall be considered to have been purchased.

(3) The Department will not pay for any procedure or service of an unproven, experimental or research nature.

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