

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

B. Dentures

Dentures are covered for EPSDT only.

C. Prosthetic Devices

Prosthetic devices are covered when medically necessary. Medical necessity is determined by the Medicaid program. only by prior authorization except for breast prostheses, trusses, and prosthetic socks which require only a physician's order.

Vermont Medicaid maintains an Imminent Harm List of services that could come with a safety concern for which prior authorization is required. The Imminent Harm list is posted to the VT Medicaid website.

~~Augmentative communication devices are covered for all beneficiaries when medically necessary, with prior authorization.~~

~~Wheelchairs are covered, with limitations.~~

D. Eyeglasses and Other Aids to Vision

Eyeglasses are covered for EPSDT only.

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