

### Medicaid Coverage Exception Request Approvals (Rule 7104)

Request Area	Specific Request	Total Approvals 4/1/1999 - 4/1/2015	Approved 10/1/2014 - 4/1/2015	Covered for all Beneficiaries
<b>Dental</b>				
	Cast Crowns	2		
	Dental Bridge	1		
	Dental Implants	3		
	Denture Relines	1		
	Denture Repair	1		
	Dentures	59	3	
	Fluoride Trays	1		
	Gingivectomy	1		
	Partial Denture	15	1	
	Periodontal Surgery	1		
	Upper Denture	3		
<b>Orthodontic</b>				
	Orthodontic Treatment	1		
	Preprosthetic Orthodontics	1		
<b>Vision</b>				
	Contact Lenses	2		
	Eyeglasses	9		
<b>Hearing</b>				
	BiCROS Hearing Aid	1		
	CROS <sup>1</sup> Hearing Aid	1		
	FM System <sup>2</sup>	1		
<b>Equipment</b>				
	Air Conditioner	9		
	Air Purifier	1		
	Cholesterol Testing Kit	1		
	Continuous Glucose Monitor	3		
	CPAP <sup>3</sup> Battery	1		
	Gastric Electrical Stimulator	1		
	Home Spa Repair	1		
	Prone Stander	2		
	Special Needs Infant Bottles	1		Yes
	Specialized Car Seat	3		Yes
	UVB <sup>4</sup> Light Box	1		Yes, for skin disorders
	Therapeutic Light Box	2	1	
	Weighted Eating Utensils	1		Yes
<b>Supplies</b>				
	Disposable Wipes	1		
	Lambs Wool	1		Yes
	Pull-up Diapers	2		Yes, age 6 up to 21

	Toothettes	2		
<b>Medication</b>				
	Cyto-B7	2	2	Yes
	Dyrenium	1		
	Limbitrol	1		
	Methadone Maintenance	3		Yes
	Nutriceuticals	1		
	PC-SPES <sup>5</sup>	1		
	Specialized Compounds	28	28	
	Sucraid	1		
	Valium	3		Yes
	Zithranol 1% Shampoo	1	1	
<b>Procedures</b>				
	Abdominal Analgesic Infusion Pump	1		Yes
	Acupuncture	7	1	
	Oral Reconstruction	1		
	Chiropractic Treatment	1		Yes*
<b>Other Services</b>				
	Genetic Testing Report	1		
	MEG <sup>6</sup> Imaging	1		
<b>Miscellaneous</b>				
	Banked Breast Milk	1		
	Medical Alert Bracelet	1		
	Pool Pass	1		

1. CROS: Contra Lateral Routing of Signal
2. FM: Frequency modulation
3. CPAP: Continuous positive airway pressure
4. UVB: Ultraviolet B
5. PC-SPES: Herbal formulation for prostate cancer
6. MEG: Magnetoencephalography

\*Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine. See Medicaid Rule 7304 for more detail.