

Medicaid Coverage Exception Request Approvals (Rule 7104)

Request Area	Specific Request	Total Approvals 4/1/1999 - 4/1/2016	Approved 10/1/15 - 4/1/16	Covered for all Beneficiaries
Dental				
	Cast Crowns	2		
	Dental Bridge	1		
	Dental Implants	4		
	Denture Relines	1		
	Denture Repair	1		
	Dentures	60		
	Fluoride Trays	1		
	Gingivectomy	1		
	Partial Denture	15		
	Periodontal Surgery	1		
	Upper Denture	3		
Orthodontic				
	Orthodontic Treatment	1		
	Preprosthetic Orthodontics	1		
Vision				
	Contact Lenses	2		
	Eyeglasses	9		
Hearing				
	BiCROS Hearing Aid	1		
	CROS ¹ Hearing Aid	1		
	FM System ²	1		
Equipment				
	Air Conditioner	9		
	Air Purifier	1		
	Attendant Controller	1		
	Cholesterol Testing Kit	1		
	Continuous Glucose Monitor	3		
	CPAP ³ 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 ⁴ Light Box	1		Yes, for skin disorders
	Therapeutic Light Box	2		
	Weighted Eating Utensils	1		Yes
Supplies				
	Disposable Wipes	1		
	Lambs Wool	1		Yes
	Pull-up Diapers	2		Yes, age 6 up to 21
	Toothettes	2		
Medication				
	ChewQ Coenzyme Q10	1		

	Cialis	1		
	Cyto-B7	2		Yes
	Dyrenium	1		
	Erythromycin Compounded	1		
	Limbitrol	1		
	Liquigen MCT Oil	2	2	
	Methadone Maintenance	3		Yes
	Nutriceuticals	1		
	PC-SPES ⁵	1		
	Pyridoxal 5 Phosphate	2		
	Specialized Compounds	47	5	
	Sucraid	1		
	Valium	3		Yes
	Zithranol 1% Shampoo	1		
Procedures				
	Abdominal Analgesic Infusion Pump	1		Yes
	Acupuncture	7		
	Cervical Total Disc Replacement	1	1	
	Oral Reconstruction	1		
	Chiropractic Treatment	1		Yes*
	Sacroiliac (SI) Joint Radiofrequency Ablation	1	1	
Other Services				
	Genetic Testing Report	5	4	Yes
	MEG ⁶ Imaging	1		
Miscellaneous				
	Baby Formula	1		Yes, for certain metabolic disorders
	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.