

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

Request Area	Specific Request	Total Approvals 4/1/1999 - 10/1/2019	Approved 4/1/19 - 10/1/19	Covered for all Beneficiaries
<b>Dental</b>				
	Cast Crowns	2		
	Dental Bridge	1		
	Dental Implants	5		
	Denture Relines	1		
	Denture Repair	2		
	Dentures	61		
	Fluoride Trays	1		
	Gingivectomy	1		
	Oral Irrigation	1		
	Partial Denture	15		
	Periodontal Surgery	1		
	Upper Denture	3		
<b>Orthodontic</b>				
	Orthodontic Treatment	2		
	Preprosthetic Orthodontics	1		
<b>Vision</b>				
	Contact Lenses	6	1	
	Eyeglasses	9		
	Corneal Cross Linking	11		Yes
<b>Hearing</b>				
	BiCROS Hearing Aid	1		
	CROS <sup>1</sup> Hearing Aid	1		
	FM System <sup>2</sup>	1		
	CIC Hearing Aid	2		
<b>Equipment</b>				
	Air Conditioner	9		
	Air Purifier	1		
	Attendant Controller	2		
	Automated External Defibrillator (AED)	2		
	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		
	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>				
	Bisacodyl Enema	2		
	ChewQ Coenzyme Q10	2		
	Cialis	3		
	Cyto-B7	2		Yes
	Dexa Plus Capsules	1		
	Dyrenium	1		
	Enemeez Mini Enemas	4	1	
	Erythromycin Compounded	1		
	Glytactin Build	1		
	Glytactin Complete 15	1		
	Glytactin Restore	1		
	Limbitrol	1		
	Liquigen MCT Oil	2		
	Menotropins (menopur)	1		
	Methadone Maintenance	3		Yes
	Mifamurtide	1		
	MVW Complete Vitamin	4		
	Nutriceuticals	1		
	PC-SPES <sup>5</sup>	1		
	Phenylade MTN Amino Acid Blend	1		
	Pyridoxal 5 Phosphate	2		
	Progesterone Capsules, Compounded	1		
	Saline Solution 7%	1		
	Scandishake mix	1		
	Specialized Compounds	99	10	Yes, certain compounds made with bulk powders now covered.
	Sucraid	1		
	Tirosint	1		
	Tylenol 160/5ml suspension	1		
	TYR Gel Pak	1		
	Valium	3		Yes
	Vitamin E	2		
	Zithranol 1% Shampoo	1		
<b>Procedures</b>				
	Abdominal Analgesic Infusion Pump	1		Yes
	Acupuncture	7		
	Cervical Total Disc Replacement	3		
	Oral Reconstruction	1		
	Chiropractic Treatment	1		Yes*
	Sacroiliac (SI) Joint Fusion	1		
	Sacroiliac (SI) Joint Radiofrequency Ablation	2		
<b>Other Services</b>				

	Genetic Testing Report	17		Yes, certain tests.
	MEG <sup>6</sup> Imaging	1		
	<b>Miscellaneous</b>			
	Baby Formula	9		Yes, for certain metabolic disorders
	Banked Breast Milk	1		
	Medical Alert Bracelet	1		
	Ensure Pudding	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 Health Care Administrative Rule 4.220 for more detail.