

MEDICAL CONDITIONS ELIGIBILITY CRITERIA

This list is not exhaustive, Please contact CSH with questions and/or concerns (307) 777-6921.

CONDITIONS	REMARKS
ADD/ADHD	Dx evaluation to establish a diagnosis ONLY
Adenoidectomy	NOT covered
Allergy testing/Allergies	NOT covered
Anemias and Autoimmune Diseases, Chronic	ONLY inherited or autoimmune conditions are covered. Individual consideration for chronic anemias given (Excludes HIV/AIDS)
Appendicitis	NOT covered
Asthma	Dx evaluation to establish a diagnosis ONLY
Autism, PDD	Covered, see policy
Birthmarks, Significant Disfiguring	Covered (Not covered if ONLY for cosmetic reasons)
Broncho Pulmonary Dysplasia (BPD)	NOT covered
Cancer (Neoplasm)	Covered
Central Nervous System (CNS), Hereditary and Degenerative Diseases	Covered
Cerebral Palsy	Covered, see policy
Cochlear Implants	Covered
Congenital Abnormalities or Malformations of Digestive System	Covered
Congenital Anomalies	Covered
Congenital Diseases of the Respiratory System	Covered
Cystic Fibrosis	Covered, see policy
Dental	NOT covered
Developmental Delay/Intellectual Disability/Mental Retardation/Global Developmental Delay	Covered, see policy
Diabetes Mellitus Type I	Covered, see policy
Digestive System, Other Diseases of	Cases covered individually
Ear and Mastoid process	Covered, see policy
Endocrine/Metabolic Conditions	Covered
Enuresis or Encopresis	NOT covered

Children's Special Health "Cheat Sheet"

Failure to Thrive	Cases covered individually
Gastroesophageal Reflux	Cases covered individually
Hemophilia (includes variants); Hemoglobinopathies	Covered, see policy
Hernia, Inguinal	NOT covered
Hernia, Umbilical	Covered, if unresolved after 1 year
Hydrocephalus	Covered
Immune and Autoinflammatory Disease of Digestive System	Cases covered individually
Juvenile Rheumatoid Arthritis and Associated Conditions	Covered, see policy
Learning and Behavioral Problems	Dx evaluation to establish a diagnosis ONLY
Lung Disease, Chronic	NOT covered
Medical Equipment	Limited coverage, Contact CSH
Mental Health	Dx evaluation to establish a diagnosis ONLY
Nephrotic Syndrome and Nephrosis	Covered
Neurofibromatosis	Covered
Obstructive Pulmonary Disease and Associated Conditions, Chronic	NOT covered
Orthognathic surgery	NOT covered
Osteogenesis Imperfecta	Covered, see policy
Osteopathies, Chondrophathies, and Acquired Musculoskeletal Deformities	Covered
Pigmented Nevi Congenital and other Premalignant Lesions	Covered
Renal Dialysis	NOT covered
Respite Care and Associated Services	NOT covered
Seizure Disorder	Covered, see policy
Sleep Apnea	Covered, sleep study REQUIRED for confirmation of obstruction
Therapy Services (PT, OT, ST, VT)	NOT covered
Tonsillectomy	NOT covered
Tourette's Syndrome	NOT covered
Transplants	NOT covered

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Travel Assistance	Covered
Undescended Testicle	Covered
Urinary System, Malformation of	Covered
Vision	Covered, see policies
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