

October 19, 2026

Aetna Better Health® of Illinois

Policy updates effective January 1, 2027

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below highlighting upcoming new policies.

Effective for dates of service beginning **January 1, 2027**.

Illinois Medicaid-Policy Guidelines

Pilonidal Cyst and Pilonidal Sinus Diagnosis Requirements

Procedure codes 10080-10081 (Incision and drainage of pilonidal cyst) and 11770-11772 (Excision of pilonidal cyst or sinus) are intended for the treatment of a pilonidal cyst or pilonidal sinus.

In accordance with industry coding guidelines and the American Medical Association (AMA) CPT® Manual, these procedures should be reported only when supported by a diagnosis indicating a pilonidal cyst or pilonidal sinus.

Effective 1/1/2027, Aetna Better Health of Illinois will deny procedure codes 10080-10081 and 11770-11772 when billed without a diagnosis for a pilonidal cyst or pilonidal sinus on the claim. Providers should ensure that the diagnosis submitted accurately reflects the condition being treated and supports the procedure performed.

Questions?

If you need assistance or have any questions, please contact your [**Provider Relations Representative**](#) or email us at [**ABHILProviderRelations@AETNA.com**](mailto:ABHILProviderRelations@AETNA.com).